L18000029748

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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APR 01 2019 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2019

TIM RUSHING 4100 CORPORATE SQUARE #167 NAPLES, FL 34104

SUBJECT: BEARFOOT NATIVE ADVENTURES, L.L.C.

Ref. Number: L18000029748

We have received your document for BEARFOOT NATIVE ADVENTURES, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00005296

Shelia H Young Regulatory Specialist II

COVER LETTER

Division of Corp	orations		
SUBJECT: Bearf	oot Native Adventures I	LLC	
SCHOLCT.	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	niued for filing.	50131
Please return all correspon	ndence concerning this matter t	o the following:	
	Tim Rushing -	Managing Member	
		Name of Person	
	Sounthern Go	entlemen Backcountry C	
		Firm Company	
	4100 Corpora	ate Sq #167	
	Naples, FL 3		
		City State and Zip Code	
	rastagator(@aol.com to be used for future annual report t	ionification)
For further information c	oncerning this matter, please co		
Tim Rush	ing		9375
Name o	n Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount: Alre	ady paid	
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

inaditional copy is enclosed).

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bearfoot Native Adventure		was it now unpears an our	records.)	
A)	Florida Limited L	ny as it now appears on our iability Company)		
ne Articles of Organization for this Limited Liab	oility Company	were filed on _ 2-5-2	2018	and assigned
orida document number <u>L18000029748</u>	····································			
is amendment is submitted to amend the follow	ring:			
If amending name, enter the new name of the	<u>he limited liabi</u>	lity company here:		
Southern Gentlemen Backcountry Fishi	ing Charters	LLC	· · · · · · · 	
Southern Gentlemen Backcountry Fish enew name must be distinguishable and contain the work	ds "Limited Liabil	ity Company," the designation	on "H C" or ii	ie ubbieviation (T.A.C.)
nter new principal offices address, if applicab	ole:	NA-Same	-	
Principal office address MUST BE A STREET	ADDRESS)			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>O.Y.</u> j	NA-Same		B NAR 29 KIL
. If amending the registered agent and/oregistered agent and/or the new registered offi	r registered o ice address her	ffice address on our e:	records, <u>ei</u>	nter the name of the
Name of New Registered Agent:	Same			
New Registered Office Address:		Emer Florada sire	an arthress	
		Con -	_ , Florid	aZip Code
	ه د دمد ه العالم المعالم المعالم الم			,
New Registered Agent's Signature, if changing Research hereby accept the appointment as registered				

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

NA

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			🗆 Add
			□ Remove
		<u> </u>	Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
		·	☐ Remove
			☐ Change

_		
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ffectiv	ve date, if other than the date of filing: (option ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.	al) nor a Pursuant to 605 020
vote: 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this d	ate will not be listed a
locume	ent's effective date on the Department of State's records.	
	and a series and allowed affective data, but not an offective time, at 12:01 and	n on the earlier (
The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	in on the earner
ated _	March 25 2019	
	Signature of a member or authorized representative of a member	
	Timothy R Rushing-Managing Member	
	Typed or printed name of signee	

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Filing Fee: \$25.00