

W04 000022967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

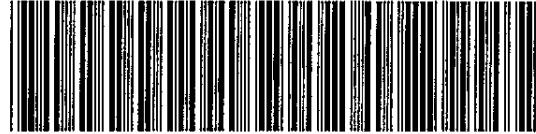
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIVERWALK CAFE LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOROTHY WILLIAMS  
(Name of Person)

RIVERWALK CAFE LLC  
(Firm/Company)

1041 High Point Loop  
(Address)

Longwood, FL, 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorothy Williams at (407) 324-5063  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RIVERWALK CAFE LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 3/25/04 and assigned document number LO4000022967.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

CHANGE NAME FROM: RIVERWALK CAFE LLC

CHANGE NAME TO: HOME FARE, LLC

REMOVE/DELETE THE FOLLOWING MANAGER:  
SARAH WALKER

Dated 11-17-04.



Signature of a member or authorized representative of a member

DOROTHY A. WILLIAMS

Typed or printed name of signer

FILED  
TALLAHASSEE, FLORIDA

04 NOV 19 PM 4:42

FILED

Filing Fee: \$25.00