

LO4000022967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700106089857

07/23/07--01012--004 **25.00

FILED
07 JUL 23 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME FARE 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 A. WILLIAMS
(Name of Person)

HOME FARE 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 A. WILLIAMS at (407) 324-5063
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 JUL 23 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOME FARE LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 3/25/04 and assigned
document number 2004000022967

SECOND: This amendment is submitted to amend the following:

REMOVE THE FOLLOWING MGR(S):

LIZA DAVIS, MGR

ELIJAH WILLIAMS, MGR

Dated 7-17, 2007


Signature of a member or authorized representative of a member

DOROTHY A. WILLIAMS
Typed or printed name of signee