

**L16000054468**

(Requestor's Name)

(Address)

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AUG 16 2016

**S. YOUNG**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 15 PM 4:49

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MODEL-PLUS TRANSPORTATION LIMITED LIABILITY COMPANY  
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:

JEAN SIMON LAGUERRE

Name of Person

MODEL-PLUS TRANSPORTATION LIMITED LIABILITY COMPANY

Firm/Company

137 WHITBY ST

Address

DAVENPORT, FL 33897

City/State and Zip Code

SIMONLAGUERRRE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
16 AUG 15 PM 4:49

For further information concerning this matter, please call:

JEAN SIMON LAGUERRE

407

860-2422

at ( )

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 checked="" 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) |
|--|---|--|--|

**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

## Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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10 AUG 5 PM 4:40  
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DEPT  
OF  
CORRECTIONS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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2016 AUG 13 PM 4:42  
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FALLS CHURCH, VA

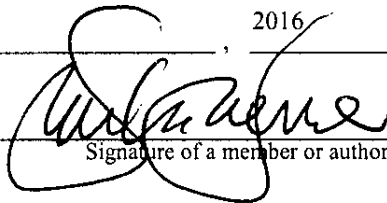
E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 08/12, 2016



Signature of a member or authorized representative of a member

JEAN SIMON LAGUERRE

Typed or printed name of signer