

MO4 000005073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

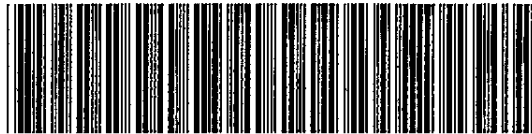
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MO4-5073  
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 7, 2005

GREGORY POPE  
3846 RECREATION LANE  
NAPLES, FL 34116

SUBJECT: LTL CONSULTING, LLC  
Ref. Number: M05000005073

We have received your document for LTL CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 705A00061181

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A PLUS HOMEWORK 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:

GREGORY M. POPE  
(Name of Person)  
A PLUS HOMEWORK LLC  
(Firm/Company)  
3846 RECREATION LANE  
(Address)  
NAPLES, FL 34116  
(City/State and Zip Code)

THIS IS A  
NEW  
ADDRESS  
PLEASE UPDATE  
RECORDS

For further information concerning this matter, please call:

GREGORY M. POPE at 239, 643-8906  
(Name of Person) (Area Code & Daytime Telephone Number)

9/28/05

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

FILED  
2005 OCT 31 PM 1:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A PLUS HOMEWORK LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY M. POPE & THERESA L. POPE  
(Name of Person)

A PLUS HOMEWORK LLC  
(Firm/Company)

3846 RECREATION LANE  
(Address)

NAPLES, FL 34116  
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY M. POPE at ( 239 ) 643-8906  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



ALREADY PAID

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: A PLUS HOMEWORK LLC
2. Jurisdiction of its organization: MISSOURI
3. Date authorized to do business in Florida: NOV. 2004

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

→ ADD A MANAGING MEMBER, THERESA L. POPE, COMPANY WILL BE A FOLLOWS: GREGORY M. POPE 50% THERESA L. POPE 50%

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

GREGORY M. POPE  
Signature of a member or the authorized representative of a member

GREGORY M. POPE  
Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA  
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