

**L11000075351**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

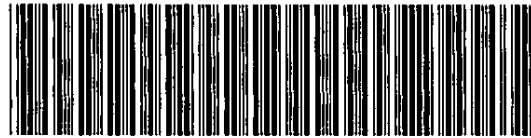
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

N. Cullinan OCT 23 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**D. TUNNICLIFFE LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**DANIEL TUNNICLIFFE**

\_\_\_\_\_  
Name of Person

**D. TUNNICLIFFE LLC**

\_\_\_\_\_  
Firm/Company

**11951 CHAMPIONS GREEN WAY #401**

\_\_\_\_\_  
Address

**FORT MYERS, FLORIDA 33913**

\_\_\_\_\_  
City/State and Zip Code

**vbkiwi@gmail.com**

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

For further information concerning this matter, please call:

**Daniel Tunncliffe**

\_\_\_\_\_  
Name of Person

at ( **757** )

**291 8478**

\_\_\_\_\_  
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

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**JUNE 28 2011**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

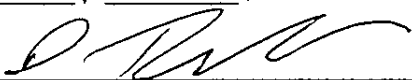
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
DANIEL TUNNICLIFFE  
\_\_\_\_\_  
DANIEL TUNNICLIFFE