| FEI Number: 47-2771093<br>Name and Address of Current Registered Agent:  |  |                 | Certificate of Status Des | ir <b>ed</b> : Yes |
|--|--|-----------------|---------------------------|--------------------|
| ALTER, LORNE<br>10469 WHITEWIND CIRCLE<br>BOYNTON BEACH, FL 33473 US   |  |                 |                           |                    |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |                 |                           |                    |
| SIGNATURE  | E LORNE ALTER                            |                 |                           | 05/07/2021         |
|  | Electronic Signature of Registered Agent |                 |                           | Date               |
| Authorized Person(s) Detail :  |  |                 |                           |                    |
| Title  | MGR                                      | Title           | AMBR                      |                    |
| Name   | ALTER, LORNE                             | Name            | ALTER, AMY                |                    |
| Address  | 10469 WHITEWIND CIRCLE                   | Address         | 10469 WHITEWIND CIRCLE    |                    |
| City-State-Zip:  | BOYNTON BEACH FL 33473                   | City-State-Zip: | BOYNTON BEACH FL 33473    |                    |
| Title  | AMBR                                     |                 |                           |                    |
| Name   | ALTER, CAROL                             |                 |                           |                    |
| Address  | 10469 WHITEWIND CIRCLE                   |                 |                           |                    |
| City-State-Zip:  | BOYNTON BEACH FL 33473                   |                 |                           |                    |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORNE ALTER

MANAGER

05/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

# 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000189656

Entity Name: TAMMARRA HOLDINGS LLC

### **Current Principal Place of Business:**

10469 WHITEWIND CIRCLE BOYNTON BEACH. FL 33473

#### **Current Mailing Address:**

10469 WHITEWIND CIRCLE BOYNTON BEACH. FL 33473 UN

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FILED May 07, 2021 **Secretary of State** 5725397618CR

Date