122000255232

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Littly Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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NOV 2 8 2022 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Tamma McM LLC			
		Name of Limited Liability Company		
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please i	return all correspondence concernit	ng this matter to the f	following:	
Tamma	M Merritt			
	Name of Person	· · · · · · · · · · · · · · · · · · ·		
Tamma	McM LLC			
	Firm/Company	,		
12000 I	Junmore Ct.			
	Address		_	
Orlando	o. FL 32821			
	City/State and Zip Co	nde	_	
	nem@efl.rr.com			
E	-mail address: (to be used for futur	e annual report notif	ication)	
For fur	ther information concerning this m	atter, please call:		
Tamma	M Merrut	407 at (340-2939	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follo	wing amount:		
	■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy	

INHS18 (2/14)



September 20, 2022

TAMMA MCM LLC 12000 DUNMORE CT ORLANDO, FL 32821

SUBJECT: TAMMA MCM LLC Ref. Number: L22000255232

We have received your document for TAMMA MCM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6939.

Letter Number: 922A00020967

Stacy Prather Regulatory Specialist III

www.sunbiz.org

DO DOV COOT Tellahassas Florida 20214

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

· · · · · · · · · · · · · · · · · · ·	mited liability company POST OFFICE BOX)
Date of filing/registration in Florida 4. Document number United States Corporation Agents. Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 36 Orlando FL 32822 Tamma MeMTER M. M. ER RITT Enter name of NEW Registered Agent and/or NEW Registered Office address:	
Date of filing/registration in Florida 4. Document number United States Corporation Agents. Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 36 Orlando FL 32822 Tamma MeNTEE M. MERRITH and/or NEW Registered Office address:	
United States Corporation Agents. Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 36 Orlando FL 32822 Tamma MeNTEE M. MERRITH and/or NEW Registered Office address:	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 36 Orlando FL 32822 Tamma MeM LET M. M. ER Riff. Enter name of NEW Registered Agent and/or NEW Registered Office address:	per
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 36 Orlando , FL 32822 Tamma MeNTLET M MER Registered Agent and/or NEW Registered Office address:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 36 Orlando FL 32822 Tamma MeNTEE M. M. E.R. R. T.	
Orlando FL 32822 Tamma MeWILLE M. M. ER Ritt Enter name of NEW Registered Agent and/or NEW Registered Office address:	202 IAL
Orlando .FL 32822 Tamma MeWILEE M . M ER Ritt Enter name of NEW Registered Agent and/or NEW Registered Office address:	2 = 2
Tamma MeNTEE M. MERRITT Enter name of NEW Registered Agent and/or NEW Registered Office address:	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2022 NOV 28 PH W 5 ALL THE SEET FLURIO
12000 Dunmore Ct.	<u> </u>
	·
NEW Registered Office Address:	
Orlando, FL 32821	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Januma M. Monute
Signature of Registered Agent