

L18000173959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

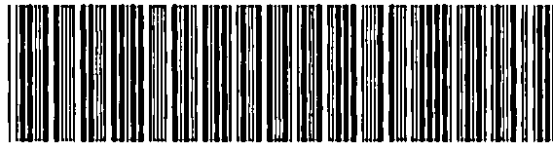
(Business Entity Name)

(Document Number)

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JUN 22 2020

2020 JUN -2 PM 5:29

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7730, 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:

Hector R. Peguero, Jr.

Name of Person

Firm/Company

2877 Comly Rd

Address

Philadelphia, PA 19154

City/State and Zip Code

info@sunshinetax.net

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

For further information concerning this matter, please call:

Hector R. Peguero, Jr. 954 251-7325

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Nomar R. Peguero, Jr.	5235 Horrocks Street	<input type="checkbox"/> Add
		Philadelphia, PA 19124	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	Hector R. Peguero, Jr	2877 Comly Road	<input checked="" type="checkbox"/> Add
		Philadelphia, PA 19154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: _____ (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.

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 is filed.

dated MAY 28, 2020.

Hector R. PEQUERO
Signature of a member or authorized representative of a member

HECTOR R. PEQUERO, Jr.
Typed or printed name of signee