

1/23/24, 5:34 PM

Division of Corporations

Large handwritten number: 2410000316153

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000031615 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAX ZONE INC.  
Account Number : I20190000044  
Phone : (407)888-3131  
Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: accountant@taxzonefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OH QUE BUENO INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED  
2024 JAN 24 PM 12:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2024 JAN 24 AM 9:36  
SECRETARY OF STATE  
MAIL ROOM ST 11

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OH,QUE BUENO INVESTMENT 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:

JUAN PAERES

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

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

1125 S SEMORAN BLVD

\_\_\_\_\_  
Address

ORLANDO FL 32807

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

ACCOUNTANT@TAXZONEFL.COM

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

For further information concerning this matter, please call:

JUAN PAERES

at ( 407 ) 888-3131

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

\_\_\_\_\_  
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 Address:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OH QUE BUENO INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/16/2024 and assigned Florida document number L24000032052.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PECOS OFFICE BUILDING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1125 S SEMORAN BLVD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32807

Enter new mailing address, if applicable:

1125 S SEMORAN BLVD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32807

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1125 S SEMORAN BLVD

*Enter Florida street address*

ORLANDO

Florida 32807

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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, if 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.*

If Changing Registered Agent, Signature of New Registered Agent

FILED  
APR 24 AM 9:36  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE  
FLORIDA

If amending 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>
AMBR	JUAN PAERES	1125 S SEMORAN BLVD	<input type="checkbox"/> Add
		ORLANDO, FL 32807	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

