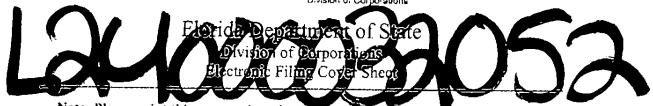
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Division of Corporations



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(((H240000316153)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20198000044 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: CCCCCCA+CCC

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

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TO:

## **COVER LETTER**

	ration Secon of Corp			
OI SUBJECT:	н опе ві	JENO INVESTMENT LLC		
_		Name of Lin	iited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	idence concerning this matter	to the following:	
		JUAN PAERES		
			Name of Person	
			FimvCompany	
		1125 \$ SEMORAN BLVD	)	
			Address	
		ORLANDO FL 32807		
		ACCOUNTANT@TAXZO	City/State and Zip Code NEFL.COM	
For further infor	mation co	E-mail address: ( neerning this matter, please co	to be used for future annual repo	ort notification)
JUAN PAERES			407 888-31	31
	Name of	Person		Daytitne Telephone Number
Enclosed is a che	eck for the	following amount:		
<b>≡</b> \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address;		Street Addre	
	ration Se on of Co	rporations	Registratio Division o	n Section f Corporations
	ox 6327			of Tallahassaa

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OH QUE BUENO INVESTMEN	TLLC		
(Name of the Lin	ited Liability Comp (A Florida Limited	any as It now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Florida document number 124000032052	Liability Company		
This amendment is submitted to amend the following	Jowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
PECOS OFFICE BUILDING LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1125 S SEMORAN BL	VD
(Principal office address MUST BE A STRE		ORLANDO, FL 32807	
Enter new mailing address, if applicable:		1125 S SEMORAN BL	VD
(Mailing address MAY BE A POST OFFICE	BOX)	ORLANDO, FL 32807	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office a	address on our records,	enter the name of the new registered
New Registered Office Address:	1125 \$ SEMOR	IAN BLVD	
		Enter Florida street	address
	ORLANDO	7081	Florida <sup>32807</sup>
Name Parallel and Associated and Ass		City	Zıp Code
New Registered Agent's Signature, if changing			•
I hereby accept the appointment as registere provisions of all statutes relative to the propactions of the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as pregistered office change.	performance of my dution of my dution of the performance of my dution of the performance of my dution of the performance of the	ies, and I am familiar with and 605, F.S. Or, if this document is rm that the limited liability
			36 ATI

## 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>	Name	Address	Type of Action
AMBR	JUAN PAERES	1125 S SEMORAN BLVD	
		ORLANDO, FL 32807	
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			□Remove
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record specifies a delayed effective 1 is filed.	date, but not an effective	time, at 12:01	a.m. on the earlie	er of: (5) The 90th	i day after the
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