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

Office Use Only



500163526065

12/14/09--01040--023 \*\*35.00



1789, 80624, 00524, 00563,0413

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: QUINONE	ES, INC.	
DOCUMENT NU	mber: <u>P0400</u>	0090025	
The enclosed Artic	les of Amendment and fee are	e submitted for filing.	
Please return all co	rrespondence concerning this	matter to the following:	
		ald Adams me of Contact Person	
	Fa	St - Tax Firm/Company	·
	113 North	Fecleral Highwa	a <u>y</u>
	Dania Beach	FL 33004 Dy/ State and Zip Code	
<u> </u>	E-mail address: (to be used	Comcast. net	
For further inform	ation concerning this matter, p	please call:	
Name	ck Bell of Contact Person	at ( <u>954</u> ) <u>923-10</u> Area Code & Daytime Tele	) 40 phone Number
Enclosed is a chec	k for the following amount ma	ade payable to the Florida Departr	ment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	` .

Tallahassee, FL 32301



December 15, 2009

Gerald Adams Fast-Tax 113 North Federal Highway Dania Beach, FL 33004

SUBJECT: QUINONES, INC. Ref. Number: P04000090025

We have received your document for QUINONES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please fill in the first page of the amendment form with the name of the corporation.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 409A00038062

## **Articles of Amendment** to

•	Articles of Amendment	<b>/~</b> .
	to	
•	Articles of Incorporation	2000
	, <b>of</b>	LOUG DEC 2.
QUINONE	SITNC.	SECRETARY DE Dept. of State AHASTY DE D
(Name of Corporation as cur		Dept. of State AHASSEE, FLORIO
		ASSEE, F. STATE
P0400009		
(Document Nu	imber of Corporation (if knowr	n)
ursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation:		rida Profit Corporation adopts the following
. If amending name, enter the new name	of the corporation:	
		The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartercd," "pi	he designation "Corp," "Inc,"	or "Co". A professional corporation
70-4		
s. Enter new principal office address, if ap Principal office address MUST BE A STRE		
The cipal office data ess MOST DE ASTRE	El ADDRESS )	
7 - To-4	1	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
(Manning and Cos MATA BEAT OST OFT	ICL BOX)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	************	
If an and in a the section of a section of		DI. 11. ( )
<ol> <li>If amending the registered agent and/or new registered agent and/or the new reg</li> </ol>		riorida, enter the name of the
new registered agent and/or the new re-	cistered office address.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	duaga
New Registered Office Address.	(Fioriaa sireei aad	aress)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if chang	ing Registered Agent:	
hereby accept the appointment as registered	agent. I am familiar with and	a accept the obligations of the position.
	Signature of New Registered A	4gent if changing
		G y

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
VD_	Annery Soutana Winones	3389 Sheridan St. Unit 176 Hollywood (FC 3302)	☐ Add
	<u> </u>		Add Remove
<del></del>			☐ Add ☐ Remove
E. If amen (attach a	ding or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets)	change(s) here:	
provisi	mendment provides for an exchange, reclions for implementing the amendment if not applicable, indicate N/A)		