

7/14/2020

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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## To:

Division of Corporations  
 Fax Number : (850)617-6380

## From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES  
 Account Number : I20170000018  
 Phone : (305)222-2289  
 Fax Number : (305)221-3810

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

Email Address: hadastaxservices@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 PC CITRON FINANCIAL ADVICE SERVICES, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	6
Estimated Charge	\$35.00

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 TALLAHASSEE, FL

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PC CITRON FINANCIAL ADVICE SERVICES, CORP

DOCUMENT NUMBER: P20000009878

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BLANCA L LACAYO

Name of Contact Person

HADAS ACCOUNTING AND TAX SERVICES

Firm/ Company

210 SW 107TH AVE

Address

MIAMI, FL 33174

City/ State and Zip Code

hadastaxservices@gmail.com

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

For further information concerning this matter, please call:

Blanca L Lacayo at ( 305 ) 222-2289  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

Articles of Amendment  
to  
Articles of Incorporation  
of

PC CITRON FINANCIAL ADVICE SERVICES, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000009878

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)**

1635 NW 7TH AVE

FORT LAUDERDALE, FL 33311

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

1635 NW 7TH AVE

FORT LAUDERDALE, FL 33311

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**Name of New Registered Agent

1635 NW 7TH AVE

(Florida street address)

New Registered Office Address:

FORT LAUDERDALE

(City)

, Florida

33311

(Zip/Code)

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>V</u>	<u>CARLOS QUINONEZ G SR</u>	<u>9369 FONTAINEBLEAU BLVD</u> <u>Miami, FL 33172</u>
<u>Add</u>			
<u>XXX</u> Remove			
2) <u>XXX</u> Change	<u>P</u>	<u>CARLOS M QUINONEZ</u>	<u>1635 NW 7TH AVE</u> <u>Ft Lauderdale FL 33311</u>
<u>Add</u>			
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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JAIL ADMINISTRATOR, FL

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411:84  
STATE  
E.F.

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 07/14/2020  
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated \_\_\_\_\_

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CARLOS M QUINONEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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