

P100000065472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

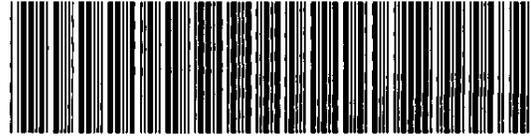
(Business Entity Name)

(Document Number)

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05/20/11--01021--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 PM 12:49

Amend
@ 6/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Flex Refrigeration and Appliance Services Inc

DOCUMENT NUMBER: P10000065472

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

Please return all correspondence concerning this matter to the following:

Omar Fleches

Name of Contact Person

Flex Refrigeration and Appliance Services Inc

Firm/ Company

3440 West 84th Street Bay No: 105

Address

Hialeah Florida 33018

City/ State and Zip Code

ofleches@yahoo.com

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

For further information concerning this matter, please call:

Omar Fleches

Name of Contact Person

at (786)

412-3076
Area Code & Daytime Telephone Number

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

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2011

OMAR FLECHES
FLEX REFRIGERATION AND APPLIANCE
3440 WEST 84TH STREET - BAY NO.105
HIALEAH, FL 33018

SUBJECT: FLEX REFRIGERATION AND APPLIANCE SERVICES, INC
Ref. Number: P10000065472

We have received your document for FLEX REFRIGERATION AND APPLIANCE SERVICES, 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.

YOU FAILED TO SIGN THE DOCUMENT,

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 611A00012994

RECEIVED
11 JUN 17 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 5-17-2011

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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):*

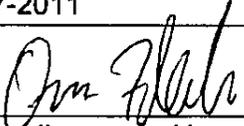
“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5-17-2011

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)

Omar Fleches

(Typed or printed name of person signing)

Vice President

(Title of person signing)