

P18 0000 65231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Madeline Castillo
Advised to File
the Amend 9/19/19

Office Use Only



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Amend

SEP 1 2019

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

FLEXT, INC.

NAME OF CORPORATION: _____
P18000065231

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

PATRICIA FERNANDA CASTILLO

Name of Contact Person
FLEXTEL, INC

Firm/ Company
3300 W 84TH ST Suite 1

Address
Hialeah, Fl 33018

City/ State and Zip Code
l2johen@gmail.com

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

For further information concerning this matter, please call:

Patricia Castillo 305 300-1642
 _____ at (_____) _____
 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:

☒ \$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

2019 SEP 18 PM 1:55

06-11-78



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2019

PATRICIA F. CASTILLO
3300 W 84TH ST
UNIT #1
HIALEAH, FL 33018

SUBJECT: FLEXTI, INC.
Ref. Number: P18000065231

We have received your document for FLEXTI, INC. and your check totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following reason:

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00019041

Madeline Castillo
9/19/19 Advised
to File Amend
Rec'd on 9/18/19

Articles of Amendment
to
Articles of Incorporation
of
FLEXTL, INC

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

P18000065231

(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:

N/A

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."

3300 W 84TH ST Suite 1

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Hialeah, FL 33018

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3300 W 84TH ST Suite 1

Hialeah, FL 33018

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:

CASTILLO, PATRICIA F.

Name of New Registered Agent

3300 W 84TH ST Suite 1

(Florida street address)

HIALEAH

33018

New Registered Office Address:


(City)

Florida

(Zip Code)

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

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) <input type="checkbox"/> Change	<u>PT</u>	<u>CASTILLO, JORGE E.</u>	<u>3514 W 97 ST</u>
<input type="checkbox"/> Add			<u>HIALEAH, FL 33018</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PTSD</u>	<u>CASTILLO, PATRICIA F</u>	<u>3300 W 84TH ST Suite 1</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33018</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CEO</u>	<u>ANGEL, ADRIANA</u>	<u>186 SE 12th Terrace</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33131</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: SEP 9/2019, if other than the date this document was signed, SEP 9/2019

Effective date if applicable: _____
(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 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.

SEP 9/2019

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)

CASTILLO, PATRICIA E.

(Typed or printed name of person signing)

President

(Title of person signing)