

P20000083229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

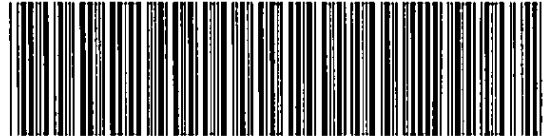
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900355240589

11/20/20--01018--014 \*\*35.00

S TALENT

JAN 08 2020

JAN 20 PM 2:02

Articles  
of  
Association

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FRIO SOLUCION INC

Name of Corporation

**DOCUMENT NUMBER:** P20000083229

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

E ADRIAN MORLANNE

Name of Contact Person

E. MORLANNE ANS SON ACCOUNTING INC

Firm/Company

6301 SW 185 WAY

Address

SOUTHWEST RANCHES, FL 33332

City/State and Zip Code

BADAD@MSN.COM

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

For further information concerning this matter, please call:

E. ADRIAN MORLANNE

954

470-1061

Name of Contact Person

at (

Area Code

)

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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 CORRECTION

For

FRIO SOLUCION INC

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

P20000083229

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct P20000083229 Articles of Incorporation  
(Document Type Being Corrected)

filed with the Department of State on 10/16/2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

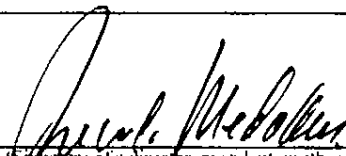
INCORRECT ADDRESS : 13943 NW 279 LN HOMESTEAD, FL 33032

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

CORRECT ADDRESS: 13952 NW 276 WAY HOMESTEAD, FL 33032

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

RICARDO MEDELLIN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**