9/8/21, 8:14 AM

Division of Corporations Department of St

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H210003334193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I2012000007 Phone : (702)866-2500 : (702)900-2290 Fax Number

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

Email Address: _______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREENBOX CAPITAL LLC

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SELVION CONTINENT OF ALL WIN

COVER LETTER

	rision of Corp					
CUD MOTO	Greenbox Capital LLC					
SUBJECT:	Name of Limited Liability Company					
		mendment and fee(s) are sub	-			
		Joanna Fernandez				
			Name of Person			
		InCorp Services, Inc.			₹	~
Firm/Company						P21 :
3773 Howard Hughes Pkwy Suite 500S					2021 SEP 10	
			Address			0
		Las Vegas, NV 89169	-6014		#1 	
		documents@incorp.co			ORIO)	3: 55
For further in	iformation cor	E-mail address: (cerning this matter, please c	to be used for future annual report notified	ation)	·	
Joanna Fe	rnandez for	InCorp Services, Inc.	at (702) 866-2500			
	Name of I	erson	Area Code Daytime T	elephone Number	_ _	
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenbox Capital LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 08/25/2017	and assigned	
Florida document number <u>L17000182554</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	111 NW 183rd St Ste. 316		
	Miami Gardens, FL 33169		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	111 NW 183rd St Ste. 316		
	Miami Gardens, FL 33169		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nam	e of the new registere	
N. B. C. LOW, Addison			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for possible for in Chapter 605, F.S. Or,	amiliar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Add
			□Remove
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D. If amending any other information, enter change(s) here: (Alloci		
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	5.55 5.55	~
E. Effective date, if other than the date of filling: (If an effective date is listed, the date must be specific and cannot be prior to date of f	(optional) Riling or more than 90 days after filing.) Pursuant to 605.0207	(3)(b)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	tory ming requirements, this date with not be listed as	tne
If the record specifies a delayed effective date, but not an effective time, at 12: record is filed.	01 a.m. on the earlier of: (b) The 90th day after the	
Dated May 21, 2021		
Signature of a member or authorized repre	esentative of a member	
Barbara Scarlett		
Typed or printed name of	signee	

Filing Fee: \$25.00