## 8PP 8000019

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
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## **COVER LETTER**

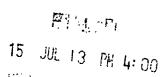
 $\mathcal{N}_{h_{1}}^{q_{1}}$ 

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GREENBOX FOO	D INC			
DOCUMENT NUMB	P10000087498				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ARTURO ESTEVEZ				
•		Name of Contact Person	1		
	GREENBOX FOOD INC				
		Firm/ Company			
	1965 S OCEAN DR # 10F				
		Address			
	HALLANDALE BEACH, F	L 33009			
		City/ State and Zip Code	e		
BUSI	NESSACCTPROF@GMAIL	.COM			
*******	_	sed for future annual report	notification)		
	,	•	,		
For further information	concerning this matter, pleas	se call:			
ARTURO ESTEVEZ		at ( 305	761-8509		
Name of Contact Person Area Code & Daytime Telephone			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations			
	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



to

GREENBOX FOOD INC

			and the second s
(Name of Corporat	tion as currently filed	with the Florida D	ept. of State)
P10000087498			man and a start of the body after a
(Docu	ment Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	da Statutes, this <i>Florid</i>	la Profit Corporation	adopts the following amendment
. If amending name, enter the new name of the o	corporation:		
GREENBOX PRODUCTS INC			The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co".		
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )		
If amending the registered agent and/or regist new registered agent and/or the new registered.		Florida, enter the s	ame of the
Name of New Registered Agent			
		· · · · · · · · · · · · · · · · · · ·	
	(Florida street add	(ress)	
New Registered Office Address:	(C:L)		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		nd accept the obligate	ions of the position.
Çi	uniture of New Registe	rad Agant if abanain	

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<del></del> .		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	· ·	<b></b>		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
6) Change		_		
Add				
Remove				

Attach addition	adding additional A al sheets, if necessary	). (Be specific)				
				· · · · · · · · · · · · · · · · · · ·		······································
	· · · · · · · · · · · · · · · · · · ·					
<u> </u>						
		· · ·				
provisions for	nt provides for an ex implementing the an licable, indicate N/A)	nendment if not	fication, or cance contained in the	llation of issued s amendment itself	<u>hares.</u> L	

	JULY 7, 2015	C. al Al al
The date of each amendment( date this document was signed.	s) adoption:	, if other than the
	JULY 7, 2015	
Effective date <u>if applicable</u> :	JOET 7, 2015	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendme re sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	27	
	(voting group)	
action was not required.  The amendment(s) was/were	e adopted by the board of directors without shareholder action and shareholder additional and shareholder action and shareholder action and shareholder	
action was not required.		
JULY Dated	7, 2015	
Signature	Oturo Clatur	
se	y a director, president or other officer — if directors or officers have not be lected, by an incorporator — if in the hands of a receiver, trustee, or other opointed fiduciary by that fiduciary)	
	ARTURO ESTEVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . . . .