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COVER LETTER

Division of Corporations NAME OF CORPORATION: Pwerbox, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ariel Parra Name of Contact Person Powerbox, Inc. Firm/ Company 16410 Sw 137 Ave #226 Address Miami, Fl 33177 City/ State and Zip Code ariel.parra@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ariel Parra Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & **\$**35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Powerbox, Inc.	
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P17000090739	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	2021
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	ý, Ý
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	twith and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Signature of New Re	egistered Agent, if changing

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
<u>Type of Action</u> Check One)	Title	<u>Name</u>	<u>Addres</u> s	
) Change	CEO	Отауга ратта	16410 SW 137th Ave #226	
Add			Miami, Fl 33177	
X Remove				
) Change				
Add				
Remove Change				
Add				
Remove				
) Change				
Add				
Remove				
Change		_		
Add				
Remove				
) Change				
Change Add				

f 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)	<mark>f amending or adding add</mark> Attach <i>additional sheets, if</i>	necessary).	(Be specific)				
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amen ufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment(
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/13/202 Dated	Paurt à c	
(By a c	lirector, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	ARIEL PARRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	