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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Undergrov	and Nesmork, Inc.
DOCUMENT NUMBER: NO600003°	
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	to the following:
Hannah Devlne	
	Name of Contact Person)
Underground Network, I	↑ (Company)
PO Box 75157	
	(Address)
Tampa, FL 33675	
hannah Otampaunderzr	ound. Com
For further information concerning this matter, please e	,
Hannah Denne (Name of Contact Person)	ar (813) (210-0385)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
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Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to

Articles of Incorporation

of

Underground Neswork, I	16	2027 C. 1. 25 711 9
Name of Corpolation as currently filed with the Flo	rida Dept. of State)	
N06000003998		
(Document)	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Carporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
N/A		The new
INTEX name must be distinguishable and contain the word "con "Company" or "Co," may not be used in the name.	rporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	•
•		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	
	- 	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	<u>d office address in Florida, c</u> ffice address:	enter the name of the
	NIA	
Name of New Registered Agent:		
		ada street address)
New Registered Office Address:	(7.6)	ada strev adaress)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regis	torod Agant	
hereby accept the appointment as registered agent. La	am familtar with and accept to	he obligations of the position.
V	,	•
	Signature of New Register	vei 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, Unrector would be PTD.

Changes should be noted in the tellowing manner. Carrently 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

hxample: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Fype of Action (Check One)	Title	Name	Address
1) Change Add	D	Marcia Radke	111 Non 12th St. Unit 1708
Remove			Tampa, FL 33602
2) Change Add			
Remove			
4) Change Add			
Remove			
51 Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	eg additions of the second sec	onal Acticles, enter change(s) here: ssarvi. (Be specific)	
			

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			<u> </u>	
The date of each amendment(s) addine this document was signed. Effective date if applicable:	option: 7/22/2022			if other than the
date this document was signed.	-			
Effective data if applicables	7/22/2022			
Effective date if applicable:	the more than 90 days after i	amendnient file dater		
Note: If the date inserted in this blood document's effective date on the Dep		tutory filing requirements,	this date will not be	: listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad was/were sufficient for approva	opied by the members and the nun	iber of votes east for the ai	nendment(s)	

Dated	1/22/201	
Signature c	2 //_	
hava	not been selectei	 je) chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)
	Lucas	Pulley
_		(Typed or printed name of person signing)