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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Under COL	and Clinic Inc.
, , , , ,	
DOCUMENT NUMBER: <u>NZ1000058</u>	/9
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
Hannah Devine	
(Na	ame of Contact Person)
Underground Nerwork I	- 
O'HOUR J' O'HOU	(Firm/ Company)
2154 University Square	
	` ,
Tampa, FL 33612	
(Ci	ty/ State and Zip Code)
hannah (Wtampaunderge E-mail address: (to be used to	ound. Com
For further information concerning this matter, please cal	
Hannah Devine	at (813) 210-0385  (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ole to the Florida Department of State:
(	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2415 IN. WIGHIOG STEEL, SUITE 8 IV

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Inderground Unic Inc.	1 D	
(Name of Corporation as currently filed with the Florid	da Dept. of State)	
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "corn	oration" or "incorporated" or the abbreviation "Corp." or	he new
"Company" or "Co." may not be used in the name.	oration or incorporated or the abbreviation Corp. or	inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	(c. §	<del></del>
		<u> </u>
		=
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		PH
	한 생 	5: 5
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the	
new registered agent and/or the new registered offic	ce address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	(2 Ionau Siree unuress)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

and address of each Off (Attach additional sheets, Please note the officer/dii P = President: V= Vice h	icer and/or D , if necessary) rector title by President; T= = Chief Financ	irector being added: the first letter of the office title: Treasurer; S= Secretary; D= Direc cial Officer. If an officer/director he	each officer/director being removed and title, name,  tor; TR= Trustee; C = Chairman or Clerk; CEO = Chief  olds more than one title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corpor	ration, Sally Smith is named the V a	listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: XChange X Remove X Add	$\overline{\underline{V}}$ $\underline{\underline{Mi}}$	nn Doc ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	<u>D</u>	Emily Dalcley	2272 Arrowgrass Dr. #105 Fampu, Wesley Chypel, FL 33544
Remove 2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or additional she	ing additiona eets, if necessa	Articles, enter change(s) here: (ry). (Be specific)	
EIN: 86	-391400	)9	

Conflict of Interest and Dissolution Policy: See attached

<u> </u>
<del></del>
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The date of each amendment(s) adoption: 5/18/21 , if other than the date this document was signed.
date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

4 . . . .

adopted by the board of directors.
Dated $05/2(a/2)$
Signature Mathyn Go
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
Kathrya Eng
(Typed or printed name of person signing)
Director
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

. . . .