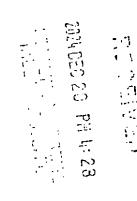
## P97000021201

(Requestor's Name)
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(Document Number)
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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Ugaland, Inc.		
DOCUMENT NUM	BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Hakeem Fashola		
		Name of Contact Person	1
	City Pharmacy		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	4700 N Habana Ave suite	502	
	<u> </u>	Address	
	Tampa, FI 33614		
		City/ State and Zip Code	2
	Aligngroupllc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Hakeem Fashola	3 1		770 5516
		at (813	_) //0-3316
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Uq	alaı	nd,	Inc

( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. o	f State)	
P97000021201				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s <i>Florida Profit Corporation</i> adop	ts the following amendmen	nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp." "Inc," or "Co".	A professional corporation nam	the abbreviation "Corp.,"  e-must_contain_the_word  \( \gamma_{\text{cont}} \gamma_{con	
B. Enter new principal office address,	if applicable:	4700 N Habana Ave	DE TE	• •
(Principal office address MUST BE A S		Suite 502	20	•
		Tampa, FI 33614		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4700 N Habana Ave	∷ 39 ∴39	
		Suite 502	i de la companya de	
		Tampa, FI 33614		
D. If amending the registered agent an new registered agent and/or the ne			of the	
Name of New Registered Agent	Hakeem Fashola			
	4700 N Habana Ave su	ite 502		
	(Florida s	treet address)		
New Registered Office Address:	Tampa	, F	33614 Iorida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if call the second second the appointment as registered.	hanging Registered Ager tered agent. I am familian	nt: with and accept the obligations of	f the position.	
<del></del>	Signature of New	Revistered Agent if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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.

<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	Tosin Julius	3302 E Martin Luther King Blvd
		Tampa, FI 33609
CFO	Hakeem Fashola	4700 N Habana Ave suite 502
		Tampa, FI 33614
	<del>-</del>	
	SV Title	V       Mike Jones         SV       Sally Smith         Title       Name         Tosin Julius

Attach additional sheets, if necessor	l Articles, enter ary). (Be speci				
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<u>.                                    </u>					
-	-	-			
	<u> </u>	<u> </u>		-	
					-
f an amendment provides <u>for an</u>	ı exchange, recl:	assification, or ca	incellation of issu	ied shares,	
provisions for implementing the (if not applicable, indicate N	e amendment if i	not contained in	the amendment i	tself:	
(у погаррисаоле, таксале пл	(A)				
	<del>.</del>				
<u>-</u>					
			<u>.</u>		
·					
		-			

The date of each amendment(s) adoption:	12-20.24	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(1	no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not a document's effective date on the Department of States		ements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the ine action was not required.	corporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		e amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gra		
"The number of votes east for the amenda	nent(s) was/were sufficient for approval	
100	· ·	
(voting	group)	
12/20/2024		
Dated	<del></del>	
Signature		
	nt or other officer – if directors or officers borator – if in the hands of a receiver, trustee that fiduciary)	
Hakeem Fast	nola	
(Ту	ped or printed name of person signing)	
CFO		
(Tit	de of person signing)	