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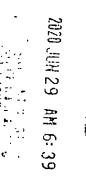
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AUG 1 2 2020 S. YOUNG

COVER LETTER

TO:	Registration S Division of Co		•	· · • •
oub re	UP & ADA	AM MOVING & TRANSPORT	T LLC	
SUBJE	C1:	Name of Lin	nited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		Gary Bloome		
			Name of Person	
		Gary Bloome PA		
			Firm/Company	
		9148 Glades Road		
			Address	
		Boca Raton, FL 33434		
			City/State and Zip Code	
		gbloome1@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furtl	her information	concerning this matter, please c	all:	
Gary Bl	oome		561 477-8099 at ()	
	Name o	of Person	Area Code Daytim	ne Telephone Number
Enclose	d is a check for t	the following amount:		
≘ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 633	27	The Centre of T	Fallahassee
	Tallabassee	FI 32314	2415 N. Monro	e Street, Suite S10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UP & ADAM MOVING & TRANSPORT		~2
(Name of the Limited Liab	ility Company as it now appears on our records Limited Liability Company)	rds.)
(A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 17, 2020	and assigned
Florida document number L20000168727		72 9
Tronds document number	·	
This amendment is submitted to amend the following:		4
This different to subtricted to differed the following.		-
A. If amending name, enter the new name of the lin	nited liability company here:	6:1:0
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, enter	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	xxs
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Adam Procaccini	7649 Springfield Lake Drive	■Add
		Lake Worth, FL 33467	□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
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ffective date, if other than an effective date is listed, the date to the listed in the ocument's effective date on the	must be specific and is block does not m	cannot be prior to cet the applicable	date of filing or more	(option than 90 days after fi quirements, this d	line \ Pursuant to 605 826
record specifies a delayed effe l is filed.	ctive date, but not a	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
June 26		2020			
ated June 26	Piora	edei			
ated June 26	//	edii	ed representative of a	member	

Filing Fee: \$25.00