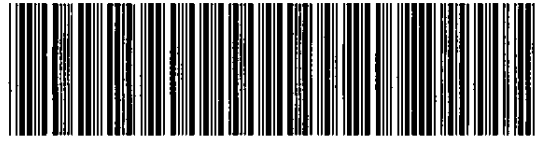


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(Business Entity Name)

(Document Number)

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SEP 11 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** U H ALL IT LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee Pasquarella  
Name of Person

\_\_\_\_\_  
Firm/Company

8855 SW 62TH  
Address

Miami Fla 33173  
City/State and Zip Code

fran.kies.pizza.online@yahoo.com  
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
**FILED**

For further information concerning this matter, please call:

R. Pasquarella at (305) 298 4609  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

U Haul IT LLC

(Name of the Limited Liability Company as now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 28, 2008 and assigned Florida document number LD9000052174

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ease On Down The Road LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

9118 SW 40 Street  
Miami Fla 33175

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8855 SW 42 Terr  
Miami, Fla 33173

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Renee Pasquaglia

New Registered Office Address:

8855 SW 42 Terr

Enter Florida street address

Miami

Florida

33173

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 608, 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.

Renee Pasquaglia  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2009 SEP 10  
 AH ID:

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 9/3/09



Signature of a member or authorized representative of a member

Typed or printed name of signee