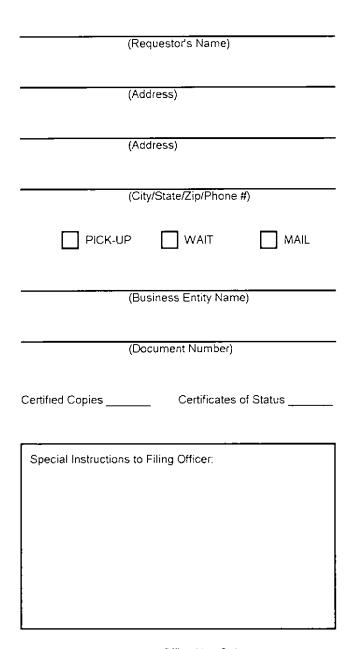
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COVER LETTER

	istration Sec sion of Corp				
SUBJECT:	WE-HAUL	LOGISTICS, LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		JAMAR HAMMONDS			
			Name of Person		
	WE-HAUL LOGISTICS, LLC				
			Firm/Company		
	13210 NW 28TH AVE				
			Address		
		OPA-LOCKA, FL 33054	City/State and Zip Code		
		WEHAULLGT@GMAIL.C			
			to be used for future annual report notific	ration)	
For further in	formation co	oncerning this matter, please c	all:		
JAMAR HA	MMONDS		786 725-663 1 7	3728-0621	
	Name of		Area Code Daytime	Telephone Number	
		e following amount:		□ \$60.00 Filing.Fee: 29 [7]	
■ \$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed & C	

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE-HAUL LOGISTICS, LLC

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

	02	/20/2017	
The Articles of Organization for this Limited Liability			and assigned
Florida document number L17000039789			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			· · · · · · · · · · · · · · · · · · ·
Parameter and American Street Bankley			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:			The name of the ne
New Registered Office Address:	Enter Flo	rida etrapt addroce	
	7,000,7 30,0		毛绉
	City	Florida	-Zip.Code
New Registered Agent's Signature, if changing Registe	ered Agent;		Zip.Code: 11 []
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	l complete performance of Lagent as provided for in C ered office address, I here	"my duties, and Lam_ Chapter 605, F.S. Or	familjar with gyd if this document is
	If Changing Registered A	gent, Signature of New R	egistered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DUNCAN, KENNETH	281 NW 186TH STREET	Add
		MIAMI, FL 33169	■ Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
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			□ Remove
			□ Change

					
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fan effective date is l <mark>Note:</mark> If the date ir	other than the date of listed, the date must be spenserted in this block dowe date on the Departm	ecific and cannot be prior to es not meet the application	to date of filing or more than	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.020 listed as
	fies a delayed effeo after the record is		an effective time, a	at 12:01 a.m. on the ea	arlier o Ĵ
Dated <u>Jur</u>	1E 3/0	106		:- i ;	F1L.E
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7	Signali	ure of a member or autho	rived representative of a me	mber The state of	重じ

Page 3 of 3

Filing Fee: \$25.00