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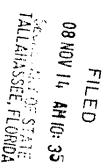
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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B. KOHR

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**EXAMINER** 

## **COVER LETTER**

•	(Name of Limi	ted Liability Company)	
•			4. 00
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	臣 夏 五
Please return all correspon	ndence concerning this matter	to the following:	OS HOW IN THE PLOP
	FERNANDO GRINBERG	6	600 W
		(Name of Person)	E. C.
	EVICTION RUNNERS, L	ıc	t.
	EVIOTION (CONTEND, E	(Firm/Company)	
	123 SE 3"	d Ave #225	
		(Address)	
	Miami, FL	33/3/ (City/State and Zip Code)	·
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
DAMIEN ROSEN		at ( 305 ) 785-5939	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
<b>☑</b> \$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:

TO:

Registration Section
Division of Corporations

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

· EVICTION RUNNERS, LLC			
. (Name of the Limited Liabil (A Florid	lity Company as it now appe	ars on our records.)	
(A Fioria		, 3/17/2008	0
The Articles of Organization for this Limited Liability	Company were filed on ±	<del>2/11/2007</del>	and assigned
Florida document number <u>L07000122628</u> L0800		,	
This amendment is submitted to amend the following:	:		and assigned
A. If amending name, enter the new name of the li	mited liability company h	ere:	The state of the s
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office are		our records, ente	r the name of the nev
	VI .	<b>C</b> ,	
Name of New Registered Agent:	Yamıra	Corcino	
New Registered Office Address:	,		
	(Enter Florida street address)		
·		, Florida	
-	(City)		(Zip Code)
Non Donistand Assetts Cimptons if the size Donista			

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.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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:

<u>Title</u>	/Janaging Member  Name	Address	Type of Action
MGRM .	DIGITAL INFO DELIVERY, INC.	2801 NE 183RD ST #2117W AVENTURA, FL 33160	Add Remove
<u>MGRM</u>	Yamira Corcino	123 A SE 3rd Ave #225 Miami, FL 3313,	Add Remove
<u>MGRM</u>	Fernando Grinberg	123 SE 3rd Ave #225 Miami, FC 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			<u> </u>
Dated NOVE	EMBER 12 , 2008		
		ייייייייייייייייייייייייייייייייייייי	<del></del>

Page 2 of 2

Filing Fee: \$25.00