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COVER LETTER

Division of Corporations			
SUBJECT: XNRMTK COLLE CTIONS L.L. C. Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filling.			
lease return all correspondence concerning this matter to the following:			
Valery Jean Pierre			
raine of relating			
Firm/Company			
151 NE 12th AVE			
Homestead FL 33030			
XNYM+V COLECTIONS O QMOU COM E-mail address: (to be used for future annual report notification)			
or further information concerning this matter, please call:			
aleny Jean Pierre 395 0840			
Name of Person Area Code Daytime Telephone Number			
inclused is a check for the following amount:			
\$2 \$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\sum \\$55.00 Filing Fee & \$\sum \\$60.00 Filing Fee, Certificate of Status \$\sum \\$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)			
Mailing Address: Street Address:			
Registration Section Registration Section			
Division of Corporations P.O. Box 6327 The Cautre of Tallahassaa			

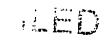
P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2
XNRMTK COLLECTIONS L. 12023 MOV 16 PM 3: 37
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: EXNOVMOTIC DY VOLUM JUMPLING L.L.C. The new name must be distinguishable and contain 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bei or removed from our records:

MGR = Manager AMBR = Authorized Member



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<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE TALLARASSEE, FL	Type of A
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ective date, if other than the	date of filing: (optional)
reflective date is listed, the date mus	it be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed
cument's effective date on the De	epartment of State's records.
cord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00