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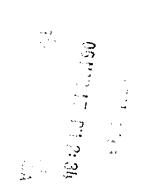
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PREVENTIVE NATURAL MEDICINE CENTER 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:
Change to: (Name of Person) VEW NAME: ALTERNATIVE MEDICINE MEDICAL CENTER LLC.
VEW NAME: ALTERNATIVE MEDICINE MEDICAL CENTER LLC.
1230 NE 83 S+ (Address)
MIAMI EL 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 469-1464 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREVENTI VE NATURAL MEDICINE CENTER LLC

(Present Name)

(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 3 1 10 4 and assigned document number LO6000027486
SECOND:	This amendment is submitted to amend the following:
	Anna Voye DIMAIO TITLE SHOULD BET MGRM
	THE COMPANY NAME SHOULD BE CHANGE TO: ALTERNATIVE MEDICINE MEDICAL CENTER LLC
Dated	MARCH 16, 2006.
	Signature of a member or authorized representative of a member
	ANNA VOLPE DIMALO Typed or printed name of simese

Filing Fee: \$25.00