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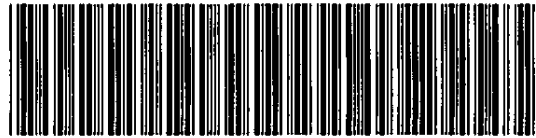
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Center of Integrated Medicine, 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:

Owen Marron, D.O.M.

(Name of Person)

Center of Integrated Medicine, LLC

(Firm/Company)

9050 58th Dr. E., Suite 101

(Address)

Lakewood Ranch, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

Owen Marron, D.O.M.

(Name of Person)

at (**941**) **752-4838**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(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**

Center of Integrated Medicine, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on December 30, 2005 and assigned document number L05000123573

SECOND: This amendment is submitted to amend the following:

Article 5 Owen Marron, D.O.M., 9050 58th Dr. E., Suite 101, Lakewood Ranch, FL 34202 ,Managing Member

Mary Elizabeth Marron, 9050 58th Dr. E., Suite 101, Lakewood Ranch, FL 34202, Managing Member

Dated July 9, 2007



Signature of a member or authorized representative of a member

Owen Marron

Typed or printed name of signee

Filing Fee: \$25.00

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