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COVER LETTER

Division of C			
SUBJECT: Wholis	stic Medicine Clinic c	of Palm Beach Gardens LLC	
	(Name of	Limited Liability Company)	_
	of Amendment and fee(s) are	-	
Please return all corres	spondence concerning this ma	itter to the following:	
<u>\</u>	William Tye		
		(Name of Person)	
	Wholistic Medicine (Clinic	
		(Firm/Company)	2007 SEC
-	1405 SE Goldtree		2007 MAY -7 2007 MAY -7 SECRETAR) TALLAHASS
		(Address)	Y-7 AMII Y-7 AMII Y-7 AMII ASSEE, FLI
<u> </u>	Port St. Lucie, Flo		AMI AMI
	(C	City/State and Zip Code)	AM II: 13 OF STATE
For further information	n concerning this matter, pleas	se call:	\mathcal{S}^{-1}
William 1		_{at (} 772 ₎ _335-5022	,
	(Name of Person)	(Area Code & Daytime Telephone N	umber)
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, of Status & Copy I copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wholistic Medicine Clinic of Palm Beach Gardens LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number L06000032571 and assigned	·
SECOND:	This amendment is submitted to amend the following:	
	Removal of: HEROGI GROUP, INC. Located at 1702 SE Village Green	Drive,
	Port St Lucie, Fl. 34952, St Lucie County as MGRM	· ·
		135EC
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		<u> </u>
•		
Dated Ma	<u>y 1, 2007</u> .	
	Signature of a member or authorized representative of a member	
	William Tye 114	
	Typed or printed name of signee	

Filing Fee: \$25.00