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COVER LETTER

COVERLETTER								
TO: Registration Section Division of Corporations								
SUBJECT: ALL Florida Poul & SOD of West Polm 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:								
David Cohen (Name of Person) ALL Gropida Poul & Spa of West PALM, LLC (Firm/Company) 11770 BISCAYME BAVE. (Address) MIAMI FT 3318/ (City/State and Zip Code)								
For further information concerning this matter, please call:								
. David Cohen at (305) 796-8992 (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL FORIDA POUL 4 SPA OF WEST PHIM, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Article	es of Organiza number <u>L</u>	ation were filed on	2/1/2007	and assigned		
SECOND:			nitted to amend the follow	•			
	A)	Add		William	M PAR	CISH	
		a	Member.				
	B) C	hange	Principal	Address	do i		
	•	•	5601A	Okeechot	ee Blvd.		
			West 6	Polm Beach	Pc :	3	3417
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						SEC ALL	
Dated	Se	poerh	27, 2007			DCT -1 A	* a ·
		Sia				Y OF STATE SEE, FLORID!	Generally
		218	gnature of a member or auti	iorizea representative (oi a memoer		
	 		David Cohe	Managn ted name of signed	Mercher		
			Typed or prin	ted name of signee /			

Filing Fee: \$25.00