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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			•		
SUBJECT:	The Che	sna Group LLC			
		ted Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:			
		Chris R. Alexander			
		Name of Person	,		
		Massage Envy			
		Firm/Company			
	2887	Kerry Forest Parkway #	45		
		Address			
Tallahassee, FL 32312					
		City/State and Zip Code			
	chris.alexander@massageenvy.com E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please c	all:			
	R. Alexander	at (_850_)	422-3689		
Name of	Person	Area Code & Da	ytime Telephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) 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

The Chesna (Name of the Limited Liability Compa (A Florida Limited L	Group LLC ny as It now appears Liability Company)	on our records,)		
The Articles of Organization for this Limited Liability Company	were filed on	8/21/2006	_ and assi	gned
Florida document numberL06000082073				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company	y," the designation "LLC	C" or the a	bbreviation
Enter new principal offices address, if applicable:	2887 Kerry Fo	rest Parkway #5	09	IVIO IS
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, F		TAY	CRE
			27	GAR.
Enter new mailing address, if applicable:	2887 Kerry For	est Parkway #5	AM	Y OF STI
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, F	L 32312	<u>ٿ</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, enter the	name of	f the nev
Name of New Registered Agent:	a compania con a	······································		
New Registered Office Address:				
	Enter Florida street address			
		, Florida	·	
	City		Zip Code	
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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEVALEGACY, INC.	7134 TOWNER TRACE Tallahassee, Fl. 32312	Add Remove
MGR_	Chris R. Alexander	2887 Kerry Forest Parkway #5 Tallahassee, FL 32312	✓ Add Remove
MGR	Karen E. Alexander	2887 Kerry Forest Parknay #5 Tallahasser, FL 32312	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF STATE DIVISION OF CORPORATION O9 MAY 27 AM 11: 43
Dated	May 19 ,2	2009	Tions
	Signature of a mamb	per or authorized representative of a member	
	•	Chris R. Alexander	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00