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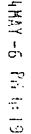
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## **COVER LETTER**

TO:

		stration Secsion of Corp			
cup ice	·	тоисн м	E LONGFELLOW, LLC		
SUBJEC	- <b>!:</b> .		Name of Lim	nited Liability Company	
The encl	osed	Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please re	eturn	all correspoi	ndence concerning this matter	to the following:	
			SHANNON LONGFELLO	)W	
				Name of Person	
			MEND MASSAGE AND	BODYWORK, LLC	
				Firm/Company	
			3173 60TH STREET N		
			•	Address	
			ST. PETERSBURG, FL 3	3710	
				City/State and Zip Code	
			SHANNONLONGFELLOV		
			E-mail address: (	to be used for future annual report notification)	
For furth	er in	formation co	oncerning this matter, please ca	all:	
SHANN	ION I	LONGFELL	.ow	727 365-9531 at ( )	
_		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for th	e following amount:		
<b>■ \$</b> 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
		ling Address		Street Address: Registration Section	
			orporations	Division of Corporations	
	P.O	. Box 632	7	The Centre of Tallahassee	
	Tall	lahassee, F	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOUCH ME LONGFELLOW, LLC

(Name of the Limited Liability Company as it now appears on our records.)

his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  IEND MASSAGE AND BODYWORK, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new rea	(A Fibrida Emilie	d Liability Company)	
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If amending name, enter the new name of the limited liability company here:  IEND MASSAGE AND BODY WORK, LLC  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." on the new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailling address, if applicable:  Mailling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Lity Zap Code	Florida document number L21000279116		
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	New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi			

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		<del></del>	□ Add
			Remove
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Filing Fee: \$25.00