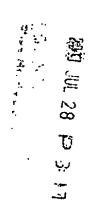
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COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT: Enga	se To Connect Name of Limi	Therapy Service ited Liability Company	s LIC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shanna Al	Name of Person	
	35015 Me	Firm/Company adom Reach D Address FL 33541 City/State and Zip Code	
		City/State and Zip Code to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
Shanna Aller Name o	r Person	at (<u>813</u>) <u>415 - 6</u> Area Code Daytime	7907 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS:	STRFFT/COURU	FR ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Engage to Co. (Name of the Limi	nect Therapy	Services	CC
The Articles of Organization for this Limited L	ted Liability Compan as it (A Florida Limited Liability	now appears on our reco	rds) 型列UL 28 P 3:
The Articles of Organization for this Limited L Florida document number L 8000 68 (iability Company were fi	iled on <u>7//2//8</u>	and assig
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation "L.L.
Enter new principal offices address, if applic	cable:		<u>·</u>
Principal office address MUST BE A STREE	ET ADDRESS)		<u>-</u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o		ddress on our reco	rds, <u>enter the name of</u>
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street add	Provi
	Cii		Florida 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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

<u>or removed fi</u>	rom our records:		
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of #
MGN	Shanna Allen	35015 Mendon Reach Dr.	Add
		Zephyrhills, FL 33541	/ □ Remo
	Λ		Chanţ
MGR	Chambers CPA	1795 Alysheba Kay #6103	
		Lexington, Ky 40509	Remo
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f an effectiv <mark>Note:</mark> If t	date, if other than we date is fisted, the date he date inserted in the 's effective date on the	must be specific is block does no	and cannot be prio of meet the applic	r to date of filing or cable statutory fil	more than 90 days a	fter filing.) Pursuant to	o 605 : liste
The 90	d specifies a dela oth day after the	yed effective record is file	e date, but no	ot an effective	e time, at 12:0	1 a.m. on the e	arlie
	/25/19 	Signature o	a member or auth	- iorized representati	ve of a member		_
			Typed or prin	ted name of signee			_

Page 3 of 3

Filing Fee: \$25.00