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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI	ecre.	OASIS SPECIALIZEI	THERAPEUTIC CARE, LLC	
SUBJI	ECI;	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		KENETH BATISTA		
		,	Name of Person	
			Firm/Company	
		2391 NW 184TH TERRA		
		DEMANDONE DIALEC EL C	Address	
		PEMBROKE PINES, FL		
	,	BATISTA_SAMUEL@HC	City/State and Zip Code	
		<del></del>	to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please co	all:	
SAMU	JEL BATISTA		786 247-5519	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for the	ne following amount:		
\$2	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS SPECIALIZED THERAPEUTIC  (Name of the Limited Lia (A Flo	bility Company as it now appeared Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability  Florida document number	•	03/30/2017	and assigned
his amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company h	ere:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the o	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<b>_</b>
Principal office address MUST BE A STREET AD	DRESS)		APR 17
Enter new mailing address, if applicable:			X of St
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		<b>2</b>
B. If amending the registered agent and/or re egistered agent and/or the new registered office a		our records, <u>ente</u>	r the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	,	. Florida	
_	City	, r to i to a _	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 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	CHOPERENA, GLORIA	15485 EAGLE NEST LANE	
		SUITE 120	≅ Remove
		MIAMI LAKES, FL 33014	□ Change
			Add
			□ Remove
			□ Change
			Add
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e: If the date inser	ner than the date of filined, the date must be specific and rted in this block does not a date on the Department of S	neet the applicable s	of filing or more than 90 d tatutory filing requirement	_ (optional) ays after filing.) Pursuents, this date will n	iant to 605.0
	s a delayed effective of the the record is filed.		effective time, at 1	2:01 a.m. on th	ne earlie
ed	APRIL 11th	2017			17 A
		, <u>///</u> )-	Ro		APR
		$\mathcal{L}\mathcal{H}\mathcal{L}$	Ste		17
			representative of a member		7

Page 3 of 3

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