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CLERK OF DISTRICT COURT  
JUDICIAL DISTRICT NO. 1  
STATE OF OKLAHOMA

APR 18 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OASIS SPECIALIZED THERAPEUTIC CARE, 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:

KENETH BATISTA

Name of Person

Firm/Company

2391 NW 184TH TERRACE

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

BATISTA\_SAMUEL@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL BATISTA

at ( 786 ) 247-5519

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	CHOPERENA, GLORIA	15485 EAGLE NEST LANE	<input type="checkbox"/> Add
		SUITE 120	<input checked="" type="checkbox"/> Remove
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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11th JUDICIAL CIRCUIT  
IN AND FOR THE COUNTY OF DADE, FLORIDA

[illegible]

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Dated APRIL 11th, 2017

Typed or printed name of signee

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SOUTHERD DISTRICT OF NEW YORK