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WALK IN

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XX	CERTIFIED COPY PHOTOCOPY				
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XX	FILING	LLLP	AMEND		
• -	PRAISE HOME CARE (CORPORATE NAME AND DOC	SERVICES CUMENT #)	, LLLP		#
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COVER LETTER

TO: Registration Division of C				
	Praise Home Care Se		<u> </u>	
Na	me of Florida Limited Par	nnership or Limited L	iability L	imited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are subm	itted for	r filing.
Please return all com	espondence concerni	ng this matter to:		
Gerdine Dor Clair	ilus			
	Contact Person	 		
Praise Home C	are Services, LLLP			
Traise Home O	Firm/Company			
0404.1/2 - 01/11/07				
2101 Vista PKWY	Address			
West Palm Beado				
(City, State and Zip Code			
Praisehomecare	.lc@outlook.com			
E-mail address: (to	be used for future annual	report notification)		
For further informati	on concerning this ma	atter, please call:		
Gerdine Dor Clairil	us	at (561) 667-97	706
Name of Conta	ct Person	Area Code and	d Daytim	e Telephone Number
Enclosed is a check	for the following amo	unt:		
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing I and Certified Copy	y (□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street A	Address	:
Registration Section		Registra	ition Se	ction
Division of Corporat	ions			porations
P.O. Box 6327	1.4			Callahassee
Tallahassee, FL 323	14	2415 N. Tallahas		e Street, Suite 810
		rananas	ssee, r L	. 34303

CERTIFICATE OF AMENDMENT FILED TO CERTIFICATE OF LIMITED PARTNERSHIP -7 PM 6:49 OF

SECRETARY OF STATE

Insert name currently on file with Florida Department of State Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 4/7/2022 , assigned Florida document number A22000000223 adopts the following certificate of amendment to its certificate of limited partnership. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here: New name must be distinguishable and contain an acceptable suffix. Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address: (May be post office box) C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Praise Home Care Services, LLLP

Name of New Registered Agent:

New Registered Office Address:

City

Enter Florida street address

__. 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 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.

 If Changing Registered Agent, 	Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
Genera <u>l Partner</u>	Gerdine Dor Clairilus	2101 Vista PKWY West Palm Beach, FL 33411	_ ② Add _ □ Remove
			☐ Add☐ Remove
			_
			☐ Add☐ Remove
			_
			Add Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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Effective date, if other than the da Effective date cannot be prior to nor mo State.)	ite of filing: ore than 90 days after	r the date this document is filed by the Florida Department of
	oes not meet the appli	icable statutory filing requirements, this date will not
ic fisted as the document seffective date	on the Department	if state s records.
Signature(s) of a general partne	<u>r or all general p</u>	partners*:
		n this document unless the limited partnership is adding or
emoving a "limited liability limited part when adding or removing a "limited liab	nership" election stat ility limited partnersh	tement. Chapter 620, F.S., requires all general partners to sign hip" election statement.)
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Gerdine Dor Clairilus		budy that
		Max - P VION Air
Marise François	 _	WOUSE TRAINCOIS
		(
	•	
Signature(s) of all new or dissoc	lating general pa	irtner(s), if any:
Gerdine Dor Clairilus		
Gerdine Dor Claimbs		Jeny Der
-		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	