

13980000000603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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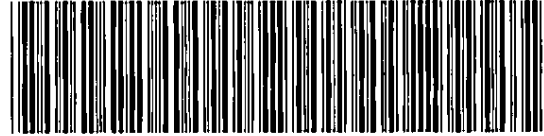
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 31 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 735955 8107259
AUTHORIZATION : *[Signature]*
COST LIMIT : \$52.50

ORDER DATE : March 29, 2021
ORDER TIME : 10:18 AM
ORDER NO. : 735955-005
CUSTOMER NO: 8107259

FOREIGN FILINGS

NAME: VITAS HEALTHCARE OF TEXAS,
L.P.

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITAS HEALTHCARE OF TEXAS, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

THERESA BARLAGE

Contact Person

VITAS HEALTHCARE

Firm/Company

255 E. 5TH STREET, SUITE 1050

Address

CINCINNATI, OH 45202

City, State and Zip Code

AYOBAMI.OMOJOLA@VITAS.COM

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

For further information concerning this matter, please call:

THERESA BARLAGE at (513) 6182211

Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
VITAS HEALTHCARE OF TEXAS, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B98000000603

2. The jurisdiction of its formation is: TEXAS

3. The date the entity was authorized to transact business in Florida is: _____

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name: _____

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.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

WESTER, DAVID A

201 S. BISCAYNE BLVD, SUITE 400

☐ Add

MIAMI, FL 33131

☒ Remove

☐ Change

DALLOB, NAOMI C

255 E. 5TH STREET, SUITE 2600

☐ Add

CINCINNATI, OH 45202

☒ Remove

☐ Change

OTOOLE, TIMOTHY S

201 S. BISCAYNE BLVD, SUITE 400

☐ Add

MIAMI, FL 33131

☒ Remove

☐ Change

LAW, DIERDRE

201 S. BISCAYNE BLVD, SUITE 400

☐ Add

MIAMI, FL 33131

☒ Remove

☐ Change

PETIT, PEGGY

201 S. BISCAYNE BLVD, SUITE 400

☐ Add

MIAMI, FL 33131

☒ Remove

☐ Change

VITAS HOLDINGS CORPORATION

255 E. 5TH STREET, SUITE 1050

☒ Add

CINCINNATI, OH 45202

☐ Remove

☐ Change

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

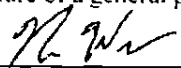
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

NICHOLAS WESTFALL

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75