Florida Department of State

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(((H22000319731 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : J. PATRICK FITZGERALD & ASSOCIATES, P.A.

Account Number : I20090000011 Phone : (305)443-9162 Fax Number : (305)443-6613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ERG@JPFITZLAW.OCM Email Address:____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION STELLA MARIS APARTMENTS, L.P.

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61/03 PAGE J. P. FITZGERALD PA

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

STELLA MARIS APARTMENTS, L.P.		
Insert name currently on file with Piorida Department of State	•	
A22000000372		
Florida Document Number of Limited Partnership or Limited Liability Limited Partnership	•	
Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.		
FIRST: The reason for filing this statement of correction is: The record contained false or erroneous information. The record was defectively signed.		
SECOND: This statement corrects		
Specify document type being corrected	-	
filed with the Florida Department of State on June 15, 2022 Insert date document filed with Dept. of State	-	
THIRD: The false or erroneous information or defect is as follows: The filing erroneously identified Aristides Pallin as President of the General Partner. FOURTH: The false or erroneous information or defect is corrected as follows:	2022 SEP 15 AH 10: 56	FILED
The President of the General Partner is Rev. Marcos Somarriba, who has signed the Certificate	_	
of Limited Partnership as President of the General Partner.	-	
	-	
	_	

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Signature of a general partner*: (*Note: If adding or deleting an election to be a lim partners must sign. If adding additional general partners must sign.	ited liability limited partnership statement, all general riner(s), the new general partner(s) must sign).
Signature(s) of new general partner(s), if un	у:
Signature of new registered agent, if applicable :(registered agent must sign accepting the designation	on balow)
I hereby accept the appointment as registered age to comply with the provisions of all statutes relative duties, and I am familiar with and accept the oblig	nt and agree to act in this capacity. I further agree ve to the proper and complete performance of my gations of my position as registered agent.
Signature of Reg	pistered Agont

\$52.50 \$52.50 \$8.75

Filing Fee: Certified Copy (optional): Certificate of Status (optional):