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(((H22000319735 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : J. PATRICX 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.\*\*

Email Address: ERG@JPFITZLAW.COM

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION PALMER HOUSE APARTMENTS, L.P.

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

PALMER HOUSE APARTMENTS, L.P.		
Insert name currently on file with Florida Department of State	_	
A22000000469		
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 Cetificate of Limited Partnership	_	
Specify document type being corrected tiled with the Florida Department of State on August 9, 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.	2022 SEP 15 AM 10: 5:	AND FILED
FOURTH: The false or erroneous information or defect is corrected as follows: The President of the General Partner is Rev. Marcos Somarriba, who has signed the Certificate of Limited Partnership as President of the General Partner.	7	

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Signature of a general partner*:  (*Note: If adding or deleting an election partners must sign. If adding additional ways of the control of t	n to be a limited liability limited partnership statement, all general general general partner(s), the new general partner(s) must sign).
Signature(s) of new general partne	er(s), if any:
I hereby accept the appointment as regit to comply with the provisions of all state	plicable: (NOTE: if correcting the registered agent, the new e designation below)  istered agent and agree to act in this capacity. I further agree utes relative to the proper and complete performance of my pot the obligations of my position as registered agent.
Signa	nure of Registered Agent
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75