## Florida Department of State 332 Bivision of Corporations Electronic Filing Cover Sheet

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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

PERRINE APARTMENTS III, LTD.

Certificate of Status	0
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Page Count	02
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AUG 0 2 2023 K. Brumbiey

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

Perrine Apartments III, Ltd.	
Insert name currently on file with Florida Departn	nent of State
A23000000332	
Florida Document Number of Limited Partnership or Limited	Liability Limited Partnership
Pursuant to the provisions of section 620.1207, Florida Statu or limited liability limited partnership submits the following	tes, this limited partnership 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 Certificate of Limited Partners	ship
Specify document type	pe being corrected
filed with the Plorida Department of State on June 30, 2023	nt filed with Dept. of State
THIRD: The false or erroneous information or defect is as f General Partner Signature: Howard D. Cohen	follows:
	<u> </u>
	A CG
	<u> </u>
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	PA
	:t ∪1
FOURTH: The false or erroneous information or defect is of General Partner Signature: Howard D. Cohen, CEO of GP	corrected as follows:
General Pardiet Signature. Howard D. Contai, e20 of Gr	

Signature of a general partner*:	
(*Note: If adding or deleting an election i	to be a limited liability limited partnership statement, all general
Perrine Apartments III GP, LLC	general partner(s), the new general partner(s) must sign).
By: Howard D. Cohen, CEO	
	( ) 15
Signature(s) of <u>new</u> general partner	(s), if any:
Signature of new registered agent, if any	plicable :( NOTE: if correcting the registered agent, the new
registered agent must sign accepting the	
I have by account the appropriate as varie	stered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statu	ites relative to the proper and complete performance of my
duties, and I am familiar with and accep	of the obligations of my position as registered agent.
Signat	ture of Registered Agent
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75