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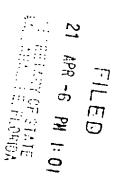
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(My)

COVER LETTER,

TO:	Registration S Division of C			-	v	
SURI	THE GUZ	ZZARDO FAMILY LIMI	ITED PARTNE	RSHIP		
30 D 0	Na:	me of Florida Limited Par	tnership or Lim	ited Liability	y Limited Partnership	
The e	nclosed Certific	cate of Amendment as	nd fee(s) are s	submitted	for filing.	
Please	e return all corr	espondence concernir	ng this matter	to:		
GARY	GUZZARDO					
		Contact Person				
		Firm/Company				
1065 S	E ST. LUCIE BL					
		Address				
STUA	RT FL 34996					
	C	City, State and Zip Code				
	ZARDOG@GMA					
E	-mail address: (to	be used for future annual	report notificati	on)		
For fu	rther informati	on concerning this ma	atter, please c	all:		
GARY	GUZZARDO		at (⁷⁷²)214-8	8098	
	Name of Conta	ct Person		de and Day	time Telephone Number	
Enclo	sed is a check t	for the following amo	unt:			
5 \$52	2.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 F and Certified		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations		Re	reet Addre	Section		
P.O. Box 6327				Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
			Ta	llahassee,	FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

THE GUZZARDO	FAMILY	LIMITED	PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, FI		
limited liability limited partnership, whose certifice 01/04/2006 , assigned Floring, assigned Floring		
adopts the following certificate of amendment to		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partnersh	ip or limited liability limited partnership
New name must be distinguish	able and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending mailing address and/or princip principal office address here:	al office addre	ss, enter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		2 2 E
	 -	<u> </u>
New Mailing Address:		
(May be post office box)		
		RATE TO
C. If amending the registered agent and/or registered registered agent and/or the new registered office add	d office address of the desired in t	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	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 added or removed from our records:	name and business address of each general partner being

<u>Title</u>	<u>Name</u>	Address	Type of Action
	PAULINE GUZZARDO, TRUJLA	1065 SE ST. LUCIE BLVD STUART FL 34996	□ Add □ Remove
	PAUL A. GUZZARDO, TRUSTC	STUART FL 34996	

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.)

F. If amending any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)
	 .
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days aft State.)	er the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the apple listed as the document's effective date on the Departmen	
•	
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to si	ign this document unless the limited partnership is adding or
removing a "limited liability limited partnership" election st when adding or removing a "limited liability limited partner	tatement. Chapter 620, F.S., requires all general partners to signship" election statement.)
Gary Gunardo	JACY Juzzardo
• •	
S'	
Signature(s) of all new or dissociating general p	partner(s), if any:
Pauline Guzzerdo Paul Guzzerdo	1 Deceased
Paul Guzzerdo	NA N
	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

THIS OCCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERDIARLED PAPERS. HOLD TO LIGHT-TO VERIEY FLORIDA WATERMARK. BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2019172080

DATE ISSUED: NOVEMBER 6, 2019

DECEDENT INFORMATION

DATE FILED: NOVEMBER 6, 2019

NAME PAULINE E GUZZARDO

DATE OF DEATH NOVEMBER 2, 2018

SEX FEMALE SSN 515-22-8678

AGE 092 YEARS BIRTHPLACE BRAMAN, OKLAHOMA, UNITED STATES

DATE OF BIRTH JULY 14, 1927 PLACE OF DEATH INPATIENT

FACILITY NAME OR STREET ADDRESS. MARTIN MEDICAL CENTER

LOCATION OF DEATH STUART, MARTIN COUNTY, 34994

RESIDENCE 2201 SW BRADFORD PLACE, STUART, FLORIDA 34990, UNITED STATES

COUNTY MARTIN

OCCUPATION, INDUSTRY' CHARITY ORGANIZER, MANY CHARITIES

EVER IN U.S. ARMED FORCES? NO EDUCATION ASSOCIATE DEGREE

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANICINAITIAN ORIGIN

RACE WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS WIDOWED SURVIVING SPOUSE NAME NONE

FATHER'S PARENT'S NAME FREDRICK AWALT

MOTHER'S PARENTS NAME LOLA BECHTEL

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANTS NAME GARY GUZZARDO

RELATIONSHIP TO DECEDENT SON

INFORMANTS ADDRESS 1035 SE ST LUCIE BLVD , STUART, FLORIDA 34996, UNITED STATES

FUNERAL DIRECTORALICENSE NUMBER SUSAN D. KING, F073259

FUNERAL FACILITY. MARTIN FUNERAL HOME & CREMATORY - STUART F039890

961 S KANNER HWY, STUART, FLORIDA 34994

METHOD OF DISPOSITION CREMATION

PLACE OF DISPOSITION MARTIN CREMATORY

STUART, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER CERTIFYING PHYSICIAN TIME OF DEATH (24 HOUR) 0313

MEDICAL EXAMINER CASE NUMBER NOT APPLICABLE DATE CERTIFIED NOVEMBER 4, 2019

CERTIFIER'S NAME ANDREW JAMES WHIPPLE

CERTIFIER'S LICENSE NUMBER: OS15088

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) MARC PINN

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL ONSET TO DEATH

a PROBABLE ACUTE MYOCARDIAL INFARCTION

HOURS

b CORONARY ARTERY DISEASE

YEARS

PART 8 - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

DATE OF SURGERY. REASON FOR SURGERY

PREGNANCY INFORMATION - NOT PREGNANT WITHIN PAST YEAR DATE OF INJURY NOT APPLICABLE

TIME OF INJURY (24 HOUR)

INJURY AT WORK?

LOCATION OF INJURY.

DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY

IF TRANSPORTATION INJURY, STATUS OF DECEDENT.

TYPE OF VEHICLE

STATE REGISTRAR

REQ 2021017419

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CERTIFICATION OF VITAL RECORD