

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000261764 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DRUMMOND WEHLE YONGE LLP

Account Number : I20050000133 Phone : (813)983-8000 Fax Number : (813)983-8001

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

ij@dwyfirm.com Email Address:

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION FAMILY ADVANCEMENT AJM TRUST LLLP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Page: 1/5

Electronic Filing Menu Corporate Filing Menu

Help

H22000261764 3

Page: 2/5

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Family Advancement AJM Trust, ELLP		
Insert name currently on	file with Florida De	partment of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certing January 20, 2016	ficate was filed v orida document	with the Florida Department of State on number A16000000050
		i ilmited partnership.
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partners	hip or limited liability limited partnership
New name must be distinguis	shable and contain :	in acceptable suffix.
Acceptable Limited Partnership suffices: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes.		
B. If amending mailing address and/or princ principal office address here:	ipal office addr	ess, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		SECRETA
New Mailing Address: (May be post office box)		AND LED
		<u> </u>
C. If amending the registered agent and/or registe registered agent and/or the new registered office a	red office address <u>ddress here</u> :	s on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter I	Torida street address
	berry' I	
	City	, Florida Zip Code

1122000261764 3

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 ogree 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 name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address T	rpe of Action
General Partner	Paul Puzzanghera	1533 N. Keene Road Clearwater, Florida 33755	□ Add ≣ Remove
General Partner	Joseph S. Puzzanghera, as Trust	ee 800 S. Dakota Avenue, #219 Tampa, Florida 33606	P ■ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove

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 Partnersh	tp."
--	--------------------------------------	------

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

	.,
Effective date, if other than the date of filing:	nt is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the applicable statutory filing be listed as the document's effective date on the Department of State's records.	requirements, this date will not
Signature(s) of a general partner or all general partners*;	
(*NOTE: Only one current general partner is required to sign this document unless removing a "limited liability limited partnership" election statement. Chapter 620, when adding or removing a "limited liability limited partnership" election statemen	F.S., requires all general partocrs to sig
Roselle	
Dio Puzzagniera, for Pruc Puzzagniera, decreisal	
	· · · · · · · · · · · · · · · · · · ·
Signature(s) of all new or dissociating general partner(s), if any:	
Darell	
SIX JULY DE PUZZANGHERA	
Filing Fee: \$52.50	

Filing # 153301768 E-Filed 07/14/2022 08:32:28 AM

H22000261764 3

Page: 5/5

IN THE CIRCUIT COURT FOR PINELLAS COUNTY, FLORIDA

IN RE: ESTATE OF

PAUL JOSEPH PUZZANGHERA A/K/A PAUL PUZZANGHERA A/K/A PAUL J. PUZZANGHERA Deceased. PROBATE DIVISION File No. 22-007246-ES

LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Paul Joseph Puzzanghera a/k/a Paul Puzzanghera a/k/a Paul J. Puzzanghera, a resident of Pinellas County, Florida, died on July 4, 2022, owning assets in the State of Florida, and

WHEREAS, Joseph S. Puzzanghera has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Joseph S. Puzzanghera duly qualified under the laws of the State of Florida to act as personal representative of the estate of Paul Joseph Puzzanghera a/k/a Paul Puzzanghera a/k/a Paul J. Puzzanghera, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on	, 2022.
	07/22/2022 05:03:07 PM
	Circuit Judge