

A 94000001680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

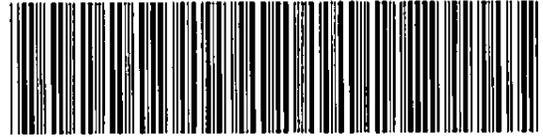
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 NOV 28 PM 2: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 NOV 28 PM 3: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 151670 4313323  
AUTHORIZATION :   
COST LIMIT : \$ 52.50

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ORDER DATE : November 28, 2023  
ORDER TIME : 12:34 PM  
ORDER NO. : 151670-005  
CUSTOMER NO: 4313323

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DOMESTIC AMENDMENT FILING

NAME: MATERA FAMILY LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF AMENDMENT  
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MATERA FAMILY LIMITED PARTNERSHIP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Charles M. LeSchack  
Contact Person  
CUMMINGS & LOCKWOOD LLC  
Firm/Company  
Six Landmark Square, 8th Floor  
Address  
Stamford, CT 06901  
City, State and Zip Code  
cleschack@cl-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles M. LeSchack at ( 203 ) 351-4418  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee       \$61.25 Filing Fee and Certificate of Status       \$105.00 Filing Fee and Certified Copy       \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
MATERA FAMILY LIMITED PARTNERSHIP

FILED  
2023 NOV 28 PM 2: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

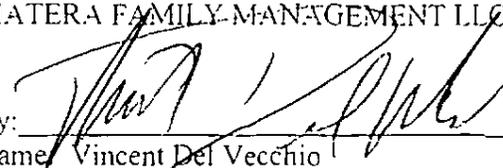
The undersigned, constituting the sole general partner of MATERA FAMILY LIMITED PARTNERSHIP, a limited partnership formed under the laws of the State of Florida (hereinafter called the "limited partnership"), does hereby certify that:

1. The name of the limited partnership is MATERA FAMILY LIMITED PARTNERSHIP.
2. The date the original Certificate of Limited Partnership of the limited partnership was filed with the Secretary of State of the State of Florida was December 5, 1994 (the "Certificate of Limited Partnership").
3. The amendments to the Certificate of Limited Partnership effected by this Certificate of Amendment are as follows:
  - a. Section 7 is hereby deleted in its entirety.

Signed as of November 27, 2023.

General Partner:

MATERA FAMILY MANAGEMENT LLC

By:   
Name: Vincent Del Vecchio  
Title: Manager