

A9400000/680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

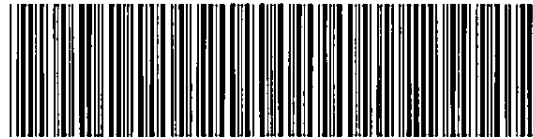
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100427652961

LP Amend

FILED

2024 APR 15 AM 9:27

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 15 PM 3:45

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 16 2024

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

ACCOUNT NO. : I20000000195  
REFERENCE : 409965 4313323  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 52.50

ORDER DATE : April 9, 2024  
ORDER TIME : 12:29 PM  
ORDER NO. : 409965-005  
CUSTOMER NO: 4313323

DOMESTIC AMENDMENT FILING

NAME: MATERA FAMILY LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- 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



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>Matera Family Management LL</u>	<u>31 STONEGATE DR</u> <u>STATEN ISLAND, NY 10304</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>PETER MATERA</u>	<u>17-6TH AVENUE, SUITE 3A</u> <u>NEW YORK, NY 10013</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>MATERA, MARGARET</u>	<u>350 SO. COLLIER BLVD. # 807</u> <u>MARCO ISLAND, FL 34145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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 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 change(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 after the date this document is filed by the Florida Department of State.)*

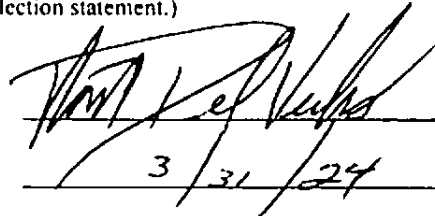
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

MATERA FAMILY MANAGEMENT LLC

By: VINCENT DEL VECCHIO, MANAGER

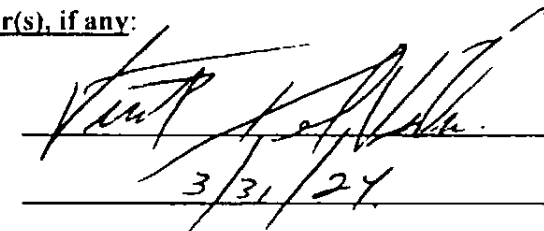


3/31/24

**Signature(s) of all new or dissociating general partner(s), if any:**

MATERA FAMILY MANAGEMENT LLC

By: VINCENT DEL VECCHIO, MANAGER



3/31/24

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75