A9400000/680

(Requestor's Name)	
(Address)	
	Address)	
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(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Cartificates of	Status
Сеппев соргез	Certificates of	Status
Special Instructions to F	filing Officer:	
L <u></u>	 	

Office Use Only



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LP Amend

2024 APR 15 AM 9: 27

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RECEIVED
2024 APR 15 PH 3: 45

A. RAMSEY APR 16 2024 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

There. 636 336 4366		
ACCOUNT NO. : 12000000195		
REFERENCE : 409.965, 4313323		
AUTHORIZATION PROPERTY.		
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						
SUBJ	FCT·	MATERA FAMILY LI	MITED PARTNERSHI	IP		
5000		Name of Florida Limited Pa	artnership or Limited L	iability Limited Partnership		
The en	closed Ce	rtificate of Amendment a	and fee(s) are subm	itted for filing.		
Please	return all	correspondence concern	ing 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@	Dcl-law.com				
E-	mail address	: (to be used for future annua	Il report notification)			
For fur	ther infor	mation concerning this n	natter, please call:			
Charles M. LeSchack			at (203	351-4418		
Name of Contact Person				d Daytime Telephone Number		
Enclos	ed is a che	eck for the following ame	ount:			
□ \$52.50 Filing Fee and Certificate of Status		☐\$105.00 Filing I and Certified Copy				
STRE	ET ADDF	RESS:	MAILI	NG ADDRESS:		
Registration Section		•	Registration Section			
	on of Corp	orations		of Corporations		
Clifton Building 2661 Executive Center Circle				P. O. Box 6327 Tallahassee, FL 32314		
	xecutive (assee, FL		Tallanas	SSCC, FL 32314		

FILED

CERTIFICATE OF AMENDMENT

2024 APR 15 AM 9: 27

Zip Code

CERTIFICATE OF LIMITED PARTNERSHIP

	OF STATE INC. AHASSELFLORD.
MATERA FA	MILY LIMITED PARTNERSHIP
	on file with Florida Department of State
limited liability limited partnership, whose ce 12/05/1994 , assigned	22. Florida Statutes, this Florida limited partnership or ertificate was filed with the Florida Department of State on Florida document numberA94000001680
adopts the following certificate of amendmen	it to its certificate of limited partnership.
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of here:	the limited partnership or limited liability limited partnership
New name must be distin	guishable and contain an acceptable suffix.
	nership, Limited, L.P., LP, or Ltd. ixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. incipal office address, enter new mailing address and/or
principal office address here:	
New Principal Office Address:	31 STONEGATE DR
(Must be STREET address)	STATEN ISLAND, NY 10304
New Mailing Address: (May be post office box)	31 STONEGATE DR STATEN ISLAND, NY 10304
C. If amending the registered agent and/or re new registered agent and/or the new registered	gistered office address on our records, enter the name of the office address here:
Name of New Registered Agent: Co	orporation Service Company
New Registered Office Address: 12	01 Hays Street Enter Florida street address
	Tallahassee, Florida 32301

City

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>	Name	Address	Type of Action
GP	Matera Family Management Ll.	31 STONEGATE DR STATEN ISLAND, NY 10304	_ ■ Add _ □ Remove
GP	PETER MATERA	17-6TH AVENUE, SUITE 3A NEW YORK, NY 10013	_ □ Add □ ■ Remove
<u>GP</u>	MATERA, MARGARET	350 SO. COLLIER BLVD. # 807 MARCO ISLAND, FL 34145	_ □ 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:

Ц	This Limited	Partnership	hereby elects t	o be a "	Limited Lia	bility Limi	ted Partnership."
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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.)
State.) Note: If the date inserted in this block does not me	O days after the date this document is filed by the Florida Department of eet the applicable statutory filing requirements, this date will not
be listed as the document's effective date on the D	epartment of State's records.
Signature(s) of a general partner or all	general partners*:
	uired to sign this document unless the limited partnership is adding or election statement. Chapter 620, F.S., requires all general partners to signed partnership" election statement.)
MATERA FAMILY MANAGEMENT LLC	Van Let Vellen
By: VINCENT DEL VECCHIO, MANAGER	3/31/24
	
Signature(s) of all new or dissociating g	eneral partner(s), if any:
MATERA FAMILY MANAGEMENT LLC	Vint folden.
By: VINCENT DEL VECCHIO, MANAGER	3/2/24
Filing Fee: S52.50 Certified Copy (optional): S52.50 Certificate of Status (optional): S8.75	1