

L19000084387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

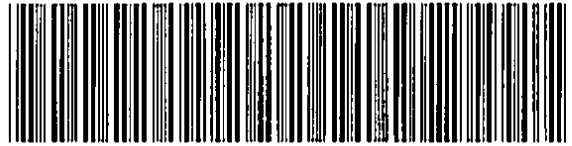
(Document Number)

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

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

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STATE OF MASSACHUSETTS

2022 NOV 30 AM 9:55

FILED

11/30/22--01006--021 \*\*75.00

2022 NOV 30 PM 3:11

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

|  |                     |
|--|---------------------|
| NAME OF ENTITY<br><u>SMDP2 Fund, LLC</u> | FOR OFFICE USE ONLY |
|  |                     |
|  |                     |

### PICK ONE:

\_\_\_ CERTIFIED COPY    ☒ PHOTOCOPY    \_\_\_ C.U.S.

### FILING:

\_\_\_ CORPORATION    \_\_\_ LLC    \_\_\_ LIMITED PARTNERSHIP    \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICEMARK/TRADEMARK    ☒ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 11/20/22    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

FILED

2022 NOV 30 AM 9:55

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

~~SECRET~~  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

3959 VAN DYKE ROAD SUITE 386

LUTZ, FL 33558

3959 VAN DYKE ROAD SUITE 386

LUTZ, FL 33558

## Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Cin

Zip Code

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|------------------|------------------------------|--|
| MGR          | SCOTT WALSH      | 17539 DARBY LANE             | <input type="checkbox"/> Add               |
|              |                  | LUTZ, FL 33558               | <input checked="" type="checkbox"/> Remove |
|              |                  |                              | <input type="checkbox"/> Change            |
| MGR          | CHARLOTTE GIVENS | 3959 VAN DYKE ROAD SUITE 386 | <input checked="" type="checkbox"/> Add    |
|              |                  | LUTZ, FL 33558               | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

100

2027 NOV 30 AM 9:55

SELAHASEETU  
TALLAHASEETU

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 30 2022

Charlotte Givens  
Signature

Signature of a member or authorized representative of a member

CHARLOTTE GIVENS

Typed or printed name of signee

**Filing Fee: \$25.00**