

L12000144671

(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



900242224669

12/19/12--01001--015 **25.00

FILED
2012 DEC 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 26 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDC CAPITAL HOLDINGS LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MICHAEL EISENBERG
Name of Person

MDC CAPITAL HOLDINGS LLC
Firm/Company

3167 ST. ANNES DR.
Address

BOCA RATON FL 33496
City/State and Zip Code

MRE11561@AOL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 19 AM 8:30

FILED

For further information concerning this matter, please call:

MICHAEL EISENBERG at (510) 818-7148
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MDC CAPITAL HOLDINGS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 19 AM 8:40

FILED

The Articles of Organization for this Limited Liability Company were filed on November 13, 2012 and assigned Florida document number L12000144671.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3167 ST. ANNES DR.
BOCA RATON FL. 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3167 ST. ANNES DR.
BOCA RATON FL 33496

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3167 ST. ANNES DR.
Enter Florida street address
BOCA RATON, Florida 33496
City Zip Code

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 as provided for in Chapter 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 18 AM 8:30

FILED

N
A

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

N
A

Dated 12/14/12, 2012.

Signature of a member or authorized representative of a member

MICHAEL P. BENDALL
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 DEC 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED