M11000001367

(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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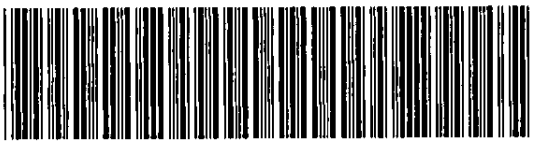
B. KOHR

SEP 11 2012

EXAMINER



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FILED
12 SEP 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 SEP 10 PM 12:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 PM 12:23

CONTACT: Kim Weidenbach

DATE: 09/10/12

REF. #: 000631.172529

CORP. NAME: MDI WORLDWIDE, LLC changing its name to: CLEARSPEC, LLC

( ) ARTICLES OF INCORPORATION	(XX) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION		
( ) OTHER:		

STATE FEES PREPAID WITH CHECK# 100916 **FOR $** 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STANDING	( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS		

Examiner's Initials

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 PM 12:23

TO: Registration Section
Division of Corporations

SUBJECT: MDI Worldwide, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gloria Skigen
Name of Person

Martin & Chioffi LLP
Firm/Company

One Landmark Square, 21st Floor
Address

Stamford CT 06901
City/State and Zip Code

nmehta@impactmedicalstrategies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Skigen at (203) 973-5222
Name of Person Area Code & Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☒ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 PM 12:23

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: MDI Worldwide, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 03/15/2011

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? September 7, 2012

5. New name of the limited liability company: ClearSpec, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

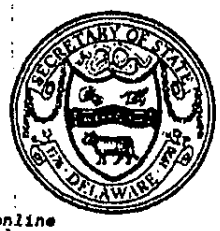
Gloria Skigen
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MDI WORLDWIDE, LLC", CHANGING ITS NAME FROM "MDI WORLDWIDE, LLC" TO "CLEARSPEC, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2012, AT 2:28 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

4777903 8100

AUTHENTICATION: 9832481

121010055

DATE: 09-10-12

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:30 PM 09/07/2012
FILED 02:28 PM 09/07/2012
SRV 121010055 - 4777903 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: MDI Worldwide, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is ClearSpec, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 7th day of September, A.D. 2012.

By: Gloria Skigen
Authorized Person(s)

Name: Gloria Skigen
Print or Type