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Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : G. KRISTIN DELANO P.A.  
Account Number : I20020000148  
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05 APR 28 AM 9:26  
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DIVISION OF CORPORATIONS

LIMITED LIABILITY AMENDMENT

TECHSOURCE 2 LLC

Certificate of Status	0
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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
TECHSOURCE 2 LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Incorrect - Article V: ELLINI MOHAN, MGRM

Reason - Name was transposed

Correct - Article V: MOHAN ELLINI, MGRM

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

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05 APR 28 AM 9:26  
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TALLAHASSEE, FLORIDA

Dated: April 28, 2005

Signature of a member or authorized representative of a member

G. Kristin Delano

Typed or printed name of signee

Filing Fee: \$25.00  
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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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FILED 8:00 AM  
April 25, 2005  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
TECHSOURCE 2 LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5150 TAMiami TRAIL NORTH, SUITE 600  
NAPLES, FL. 34103

The mailing address of the Limited Liability Company is:  
5150 TAMiami TRAIL N, SUITE 600  
NAPLES, FL. 34103

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JAMES B HENDERSON  
5150 TAMiami TRAIL N, SUITE 600  
NAPLES, FL. 34103

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JAMES B. HENDERSON

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JAMES B HENDERSON  
5150 TAMiami TRAIL N, SUITE 600  
NAPLES, FL. 34103

Title: MGRM  
ELLINI MOHAN  
443 HORIZON DRIVE  
EDISON, NJ. 08817

Signature of member or an authorized representative of a member

Signature: JAMES B. HENDERSON

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