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EXAMINER

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SECRETARY OF STATE SIVISION OF CORPORATION

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 CONTACT: **ASHLEY SMITH** DATE: 10-29-2009 **REF. #:** 000928.113531 CORP. NAME: TAMPACOUISITION ELECT () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () ANNUAL REPORT () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 532357 FOR \$ 55.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN: (EXX) GERTHUID GOPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY () CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TAMPA CDJ A (Name of the Limited Liability Compan (A Florida Limited L	CQUISITION LLC ny as it now appears on our records, Liability Company)	or endowner
The Articles of Organization for this Limited Liability Company Florida document number <u>L-08000060260</u>	were filed on 6/19/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
DADE CITY EG LLC		<u> </u>
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	9901 Express Drive, Suite B	
(Principal office address MUST BE A STREET ADDRESS)	Highland, IN 46322	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9901 Express Drive, Suite B Highland, IN 46322	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the n	name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
	(City) (Zip Code)	
	(City) (2	Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	lete performance of my duties, and I am fo	imiliar with and

(If Changing Registered Agent, Signature of New Registered Agent)

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 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:

itle	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			
			Add Remove
If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets,	if necessary.)
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Oct	10001 42 , 20	<u> </u>	

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