## 109000092500

(Requestor's Name)				
(Address)				
(Address)				
. (Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700183644097

07/28/10--01004--022 \*\*55.00

FILED 10 JUL 28 AM 11: 00 SECRETARY OF STATE SECRETARSEE, FLORIDA

J. BRYAN
JUL 2 9 2010
EXAMINER

## **COVER LETTER**

. Division of	Corporations			
SUBJECT:	QUADDRA	CONSULTING, LLC		
		nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
		RUDY DEWULF		
		Name of Person		
•	QUA	QUADDRA CONSULTING, LLC		
•		Firm/Company	LECCH LA	
	10	632 BONITA BLUFF CT		
		Address	FILED  10 JUL 28 AM II: 08  SECRETARY OF STATE  SECRETARY SEE, FLORID	
		RUSKIN, FL 33570		
	BBW 0.0	City/State and Zip Code	77	
		UADDRACONSULTING.COI (to be used for future annual report notifical)		
For further informati	on concerning this matter, please	call:		
	OL J. FOSTER, E.A.	a( (	27-5253	
Name of Person		Area Code & Daytime	Telephone Number	
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	•	\$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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> NSULTING, L</u>	LC		
<b>ny as it now appe</b> a Liability Company)	rs on our records.)		
y were filed on	09/24/2009	and assigned	
bility company he	<u>re</u> :		
UTIONS, LLC			
ited Liability Comp	any," the designation "L	LC" or the abbreviation	
	É	SE ON	
	7		
		ED BLILL OF STATE SEEF, FLORIOD	
	our records, <u>enter t</u>	he name of the new	
· · · · · · · · · · · · · · · · · · ·	ston Flouide stores 13		
Enter Florida street address			
	, Florida	Zip Code	
	bility company he LUTIONS, LLC nited Liability Comp	bility company here: LUTIONS, LLC nited Liability Company," the designation "I.  ffice address on our records, enter tre:  Enter Florida street add., Florida	

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.

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 **Title** <u>Name</u> **Address** Type of Action ☐ Add Remove Remove ☐ Remove □Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated \_\_\_\_\_JULY 24 2010 Signature of a member or authorized representative of a member RUDY DEWULF Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00