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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ect.	QUADDRA	SOLUTIONS, LLC	
ЗОРЭТ		Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			RUDY DE WULF	
Name of Person				····
· QUADDRA SOLUTIONS, LLC				
Firm/Company				······································
1632 BONITA BLUFF COURT				
Address				
		RU	SKIN, FLORIDA 33570	
			City/State and Zip Code	
		~		
For fu	rther information co	QUADDRA SOLUTIONS, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: RUDY DE WULF Name of Person QUADDRA SOLUTIONS, LLC Firm/Company 1632 BONITA BLUFF COURT Address RUSKIN, FLORIDA 33570 City/State and Zip Code RDW@QUADDRACONSULTING.COM E-mail address: (to be used for future annual report notification) bornation concerning this matter, please call: AROL J. FOSTER, E.A. Name of Person Check for the following amount:		
	CAROL J.			
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2015

RUDY DE WULF 1632 BONITA BLUFF COURT RUSKIN, FL 33570

SUBJECT: QUADDRA SOLUTIONS, LLC

Ref. Number: L09000092500

We have received your document for QUADDRA SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the name of your mgr/ambr, looks like part of the last names were cut off.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 615A00002786



March 2, 2015

RUDY DE WULF 1632 BONITA BLUFF COURT RUSKIN, FL 33570

SUBJECT: QUADDRA SOLUTIONS, LLC

Ref. Number: L09000092500

We have received your document for QUADDRA SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 615A00002786

Tim Burch Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		OLUTIONS, LLC			
	(Name of the Limited Liability ((A Florida Li	Company as it now appear mited Liability Company)	s on our records.)		
The Articles of Organization	n for this Limited Liability Con	npany were filed on	09/24/2009	and assigned	i
This amendment is submitte	d to amend the following:				
A. If amending name, ente	er the new name of the limited	d liability company he	ere:		
The new name must be distinguis	hable and end with the words "Limite	ed Liability Company," the	designation "LLC" or the	abbreviation "L.L.C.	,, · · ·
Enter new principal office	s address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
(Principal office address M	UST BE A STREET ADDRE.	<u>SS)</u>		<u> </u>	
				R - I	Posteriora Constitution
Enter new mailing address	s, if applicable:				***************************************
(Mailing address MAY BE	<u>A POST OFFICE BOX)</u>			- F F F F F F F F.	<u> </u>
				ST. 58	- I Samuel I
	istered agent and/or registe e new registered office addre		n our records, <u>enter</u>	≫	he new
Name of New Reg	gistered Agent:				
New Registered O	office Address:				
		Enter Flo	rida street address		
			, Florida _		
		City		Zip Code	
New Registered Agent's Sig	nature, if changing Registered	Agent:			
			. T.AT		1.1 11

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARIATERESA FAYLONA	1632 BONITA BLUFF COURT	= Add
		RUSKIN, FL 33570	☐ Remove
MGR	ADRIAAN DE WULF	300 TAOS TRAIL	
		IRVING, TX 75063	Remove
MGR	NATASJA DEWULF CAR R	1700 WILLOUGHBY WAY	APR - 1 F
		LITTLE ELM, TX 75068	Add P Remova
			□ Add
			□ Remove
			□ Add
			□ Remove

. If amendir	g any other information, enter change(s) here: (Attach additional sheets, if necessary.,)		
•				
	ADDU 4 0045			
. Effective d	ate, if other than the date of filing: APRIL 1, 2015 (optional)			
(The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)			
	2045			
Dated X	March 31 , 2015			
-	Signature of a member or authorized representative of a member			
	RUDY DE WULF			
-	Typed or printed name of signee			
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Filing Fee: \$25.00