

L09000092500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

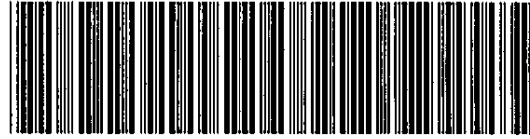
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 APR 6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUADDRA SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all 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)

For further information concerning this matter, please call:

CAROL J. FOSTER, E.A.

at (**941**) **727-5253**
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$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/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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00002786

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QUADDRA SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/24/2009 and assigned Florida document number L09000092500.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIATERESA FAYLONA	1632 BONITA BLUFF COURT	<input checked="" type="checkbox"/> Add
		RUSKIN, FL 33570	<input type="checkbox"/> Remove
MGR	ADRIAAN DE WULF	300 TAOS TRAIL	<input checked="" type="checkbox"/> Add
		IRVING, TX 75063	<input type="checkbox"/> Remove
MGR	NATASJA DEWULF CARR	1700 WILLOUGHBY WAY	<input checked="" type="checkbox"/> Add
		LITTLE ELM, TX 75068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: APRIL 1, 2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

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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TALLAHASSEE, FLORIDA