

L10000074266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

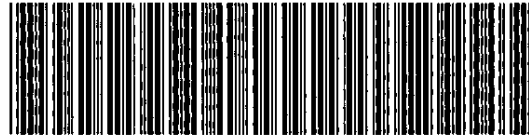
(Business Entity Name)

(Document Number)

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07/28/10--01004--023 **55.00

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

J. BRYAN

JUL 29 2010

EXAMINER

CAROL J. FOSTER, ENROLLED AGENT
Federally Authorized Tax Practitioner

306 53RD AVENUE WEST
BRADENTON, FL 34207

PHONE: 941-727-5253
FAX: 941-755-7385
CELL: 941-228-0845
CARJFOSTER@AOL.COM

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

July 26, 2010

RE: QUADDRA CONSULTING, LLC
Document #L09000092500

and

QUADDRA SOLUTIONS
Document #L10000074266

Dear Sir or Madam,

Please find enclosed signed documents requesting to amend the names of **both** of the above-named Limited Liability Companies. The Managing Members of both companies, husband and wife, have decided that they wish to exchange names between the two companies.

In order to facilitate these changes, we are submitting the change requests simultaneously along with the cover letters and payments.


Thank you for attention to this matter and should you have any questions concerning this matter, please do not hesitate to contact me.

Sincerely,



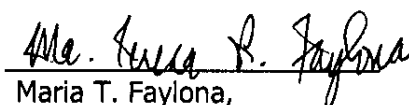
Carol J. Foster,
Enrolled Agent

ON BEHALF OF:



Rudy DeWulf,
Managing Member

ON BEHALF OF:



Maria T. Faylona,
Managing Member

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:

MARIA T. FAYLONA

Name of Person

QUADDRA SOLUTIONS, LLC

Firm/Company

11147 57TH AVENUE

Address

SEMINOLE, FL 33772

City/State and Zip Code

CARJFOSTER@AOL.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.

Name of Person

at (**941**)

727-5253

Area Code & Daytime Telephone Number

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

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

**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 07/14/2010 and assigned
Florida document number L10000074266.

This amendment is submitted to amend the following:

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

QUADDRA CONSULTING, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

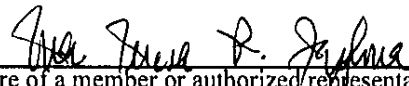
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

Dated JULY 24, 2010

x 
Signature of a member or authorized representative of a member
MARIA T. FAYLONA
Typed or printed name of signee