L20000135174

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
fied Copies Certificates of Status
ecial Instructions to Filing Officer:
Office Use Only



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10/19/20--01016--010 **25.00

11/23/20

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COVER LETTER

	Registration S Division of Co			
UBIEZ		SOLUTIONS LLC		
UBJEC	.1:	Name of Lim	ited Liability Company	
he encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
lease re	turn all corresp	ondence concerning this matter	to the following:	
		Michael Moise		
			Name of Person	
		SLATE IT SOLUTIONS	LLC	
Firm/Company				
300 SE 2nd Street Suite 600				
Address				
		Ft. Lauderdale, FL 33301		
		-	City/State and Zip Code	
		michael@slateitsolutions.co	om to be used for future annual report not	(Testion)
or furth	er information	concerning this matter, please c	•	теанолу
1ichael	Moise		954 6627571 at ()	
	Name	of Person		ne Telephone Number
nclosed	is a check for	the following amount:		
≣ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLATE IT SOLUTIONS, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears i Limited Liability Company)	on our records.)	
			and assigned
ne Articles of Organization for this Limited Liability C	Company were filed on May	15, 2020	and assigned
orida document number L20000135174	<u>_</u> .		10 m
nis amendment is submitted to amend the following:			19 PH 4: 12
. If amending name, enter the new name of the limit	ited liability company her	<u>e</u> :	70
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	RESS)		
nter new mailing address, if applicable:			
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>			
		<u> </u>	
. If amending the registered agent and/or registered entry and/or the new registered office address here:	d office address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
		, Florida	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered	d Agent:		
hereby accept the appointment as registered agent ovisions of all statutes relative to the proper and concept the obligations of my position as registered ageing filed to merely reflect a change in the registere ompany has been notified in writing of this change.	omplete performance of n gent as provided for in Cl	ny duties, and I am fa napter 605, F.S. Or, i	miliar with and f this document is
	If Changing Registered Ager	nt, Signature of New Regi	stered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
MBR	Michael Moise	300 SE 2nd Street Suite 600 Ft. Lauderdale, FL 33	301 ■Add
			Remove Change 11 12 12 13 14 15 15 15 15 15 15 15
			Uspange 17
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			□Change □Add
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correspondence are communicate	on of the IRS the newly e	stablished EIN (85-1	1207430).	
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ive date, if other than the offective date is listed, the date must. If the date inserted in this blockent's effective date on the Depart.	be specific and cannot be prick does not meet the appl	icable statutory filing	ore than 90 days after filg g requirements, this d	ing.) Pursuant to 605.
d specifies a delayed effective led.	date, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after
October 11	. 2020	·		

Filing Fee: \$25.00

Date of this notice: 05-28-2020

Employer Identification Number:

85-1207430

Form: \$S-4

Number of this notice: CP 575 G

SLATE IT SOLUTIONS LLC MICHAEL J MOISE SOLE MBR 300 SE 2ND ST STE 600 FT LAUDERDALE, FL 33301

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-1207430. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SLAT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-28-2020

EMPLOYER IDENTIFICATION NUMBER: 85-1207430

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 SLATE IT SOLUTIONS LLC MICHAEL J MOISE SOLE MBR 300 SE 2ND ST STE 600 FT LAUDERDALE, FL 33301