LZ0000257936

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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09/15/20--01009--028 ++30.00



OCT 23 2020 S. YOUNG

COVER LETTER

TO: Registration Division of C	Section Corporations		
	Coding, LLC	•	•
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	espondence concerning this matter to	o the following:	
	Brandon Sibbitt		
		Name of Person	
	Kruxe Coding, LLC		
		Firm/Company	
	1012 Chokecherry Drive		
		Address	
	Winter Springs, FL 32708		
		City/State and Zip Code	
	brandon@kruxecoding.com	to be used for future annual report notif	fication)
For further informati	on concerning this matter, please ca		
Brandon Sibbitt	on concerning and masses, process	407 714-8641	
	me of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ee \$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 Ac		<u>Street Address:</u> Registration Se	ection
	ion Section of Corporations	Division of Cor	rporations
P.O. Box	=	The Centre of T	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kruxe Coding, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	- F
m A distance Occasionation for abin Limited Lin	hility Common word filed on August 20, 2020	and assigned
The Articles of Organization for this Limited Lia	company were med on	
Florida document number L20000257936	 .	्रें इंडिंग्स्ट्रिक्ट
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	30X)	
B. If amending the registered agent and/or re	gistered office address on our records, enter th	e name of the new registere
agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Designand Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Camille S. Sibbitt	1012 Chokecherry Drive	■Add
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		<u> </u>	□Add
			□Remove
			Change
			□Add
			Remove
			□Change

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September 11 , 2020		ffective date, but no	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
Signature of a member or authorized representative of a member	September 11		2020			
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	Scanda	N STEGN	フ			

. . .

Date of this notice: 09-03-2020

Employer Identification Number:

85-2858867

Form: SS-4

Number of this notice: CP 575 G

KRUXE CODING LLC BRANDON T SIBBITT SOLE MBR 1012 CHOKECHERRY DR WINTER SPGS, FL 32708

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 85-2858867. 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 KRUX. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.