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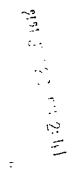
MAIL				
us				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Division of	Section Corporations			
	pital LLC			
SUBJECT:	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	g.	
Please return all corr	espondence concerning this	matter to the following	3:	
Saransh Sharma				
	Name of Person		-	
SFT Capital LLC				
	Firm/Company		-	
2300 Glades Rd, ST	E 135E			
	Address		-	
Boca Raton, FL 334	31			
	City/State and Zip Code	•	-	
ssharmaconsulting@	gmail.com			
E-mail address	: (to be used for future annua	al report notification)	-	
	on concerning this matter, p		528-0694	
Saransh Sharma		917 at ()	
Na	me of Person	Area Code	Daytime Telephone Number	
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check	for the following amount:			
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: SFT Capital LLC The Florida Document number of the limited liability company is: L21000292654 SECOND: Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected \Box statement are as follows: The first manager's name is incorrectly stated as Saransh Sharma The data entry clerk may have inserted the information incorrectly. The first manager's name should be Arpana Shivdsasani. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are \square as follows: OR The electronic transmission of the record was defective. ☑ 06/24/2021 Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature \$25.00 Filing Fee:

Certified Copy:

\$30.00 (optional)