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(Requestor's Name)

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2025-11-21
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SoftEthica 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:

Christopher M. Walton

Name of Person

SoftEthica LLC

Firm/Company

205 Red Bud Ct

Address

Lake Mary, FL 32746

City/State and Zip Code

chwalton@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher M. Walton

407 619-7327

Name of Person

at (

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SoftEthica 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 May 27, 2020 and assigned Florida document number L20000144178.

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 contain 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)

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mariia Shevtsova	10 Julius Raab Street, Apt. 242	<input checked="" type="checkbox"/> Add
		Linz, Austria PO 4040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Yurii Lozinskyi	64 Yurii Savchenko Street, Apt. 37	<input type="checkbox"/> Add
		Dnipro, Ukraine 49006	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Serhii Shevtsov	3 Academica Proskury Street, Apt. 67	<input type="checkbox"/> Add
		Kharkiv, Ukraine 61085	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Iuliia Fedicheva	21 Provulok Zhytloviy	<input type="checkbox"/> Add
		Lugansk, Ukraine 93602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Olena Sydorenko	59B Raiduzhna Street, Apt. 178	<input type="checkbox"/> Add
		Kyiv, Ukraine 02218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 11

2023


Signature of a member or authorized representative of a member

Christopher M. Walton

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2023

CHRISTOPHER M WALTON
205 RED BUD CT
LAKE MARY, FL 32746 US

SUBJECT: SOFTETHICA, LLC
Ref. Number: L20000144178

We have received your document for SOFTETHICA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please complete the areas highlighted on the application for the officers.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 923A00018611

RECEIVED

SEP 14 2023