## M18000011293

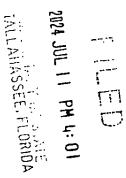
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Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: inlobal Soft Technologies LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sudha Lakkanlki Name of Person
Global Soft Technologies LLC Firm/Company
245) N McMullen Booth Road, Ste 235
Clearwater, FL 33759 City/State and Zip Code
Sudha@9/obalsofttech.us E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Sudha Lakkaniki at (727) 233-0104  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  S25 Filing Fee S30 Filing Fee S55 Filing Fee S60 Filing Fee, Certificate of Status Certified Copy  CR2E055 (9/15)  CR2E055 (9/15)  CR2E055 (9/15)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2024 JUL 11 PM 4: 01

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department pattages, FLORIDA
State: Global Soft Technologies ILC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)  2451 N McMullen Booth Road, Ste 235  clearwater, FL 33759
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)  2451 N Mc Mullen Booth Road, Ste 235  Clarwater, FL 33759
2. The Florida document number of this limited liability company is: M18000011293
3. Jurisdiction of its organization:
4. Date authorized to do business in Florida: 12/19/2018
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer 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: 245   N Mc Mullen Booth Rad Ste 235 Enter Florida Street Address
<u>Clearwater</u> Florida 33759  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

If Changing Registered Agent, Signature of New Registered Agent

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.

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address 1	Type of Action		
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			□Remove		
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			TIC □A		
			FLORIDA Remove		
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aforementioned am-	cate, if required: no more than 9 endment(s), duly authenticated b ne law of which this entity is org	by the official having custody of records in the	□Remove		
,	=	the authorized representative			

Filing Fee: \$25.00