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A BUTLER JAN 28 2022

COVER LETTER

	Registration Se Division of Cor			
ento reca	WE ARE S	FHILLC		
SUBJECT	1:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	•	
		JOSEPH P. BACHMAN		
			Name of Person	
		WE ARE SFH LLC		
			Firm/Company	
		1705 CARILLON PARK I	DRIVE	
		 	Address	
		OVIEDO, FL 32765		
			City/State and Zip Code	
		JOEBACHMAN@ME.CO		
		E-mail address; (to be used for future annual report notif	fication)
For furthe	r information c	oncerning this matter, please co	all:	
JOSEPH	P. BAČHMAN		407 885-2131	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
☑ \$25.00	0 Filing Fee	☐ \$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)
_	dailing Addres Registration S		Street Address: Registration Sec	ction
	Division of C		Division of Cor	=
	P.O. Box 632 Fallahassee, I		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE ARE SFH LLC		EULE CONTRACTOR OF THE
(Name of the Limited (A)	Jiability Company as it now appears on our Florida Limited Liability Company)	<u>records.</u>)
The Articles of Organization for this Limited Liabi Florida document number L21000177926		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	rt address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cho	and complete performance of my du red agent as provided for in Chapte istered office address. I hereby cont	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JASON CELEN	10243 LENOX STREET CLERMONT, FL 34711	TZ Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
	 ,	<u></u>	□Add
			□Remove
			□Change
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