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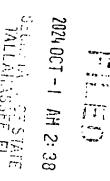
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Cenificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO:

	egistration Se ivision of Cor		
CUBUCT		D FOURTH EXPERTS LLC	
SUBJECT	:	Name of Lim	nited Liability Company
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please retu	rn all correspo	ndence concerning this matter	to the following:
		LAMAR SWAN	
			Name of Person
		BACK AND FOURTH EX	XPERTS LLC
			Firm/Company
		610 NW 183RD STREET	SUITE 207
			Address
		MIAMI GARDEN, FLOR	IDA 33169
			City/State and Zip Code
		gitmopesos@gmail.com	
		E-mail address: (	to be used for future annual report notification)
For further	information c	oncerning this matter, please ca	all:
LAMAR S	WAN		305 934-6541 at ( )
	Name of	f Person	at ()
Enclosed is	a check for th	ne following amount:	
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address: Registration Section
	ivision of C		Division of Corporations
	O. Box 632 allahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACK AND FOURTH EXPERTS LLC	1 1 - 1
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.)
(A Frontial Similer	2024 OCT - 1
The Articles of Organization for this Limited Liability Company	were filed on 06/09/2021 Aff 2 and assigned
BACK AND FOURTH EXPERTS LLC  (Name of the Limited Liability Compa (A Florida Limited)  The Articles of Organization for this Limited Liability Company  Florida document number L21000268388	TALLAHASSEE, FI
This amendment is submitted to amend the following:	· <b>-</b>
A. If amending name, enter the new name of the limited liab	oility company here:
BACK AND FORTH EXPERTS LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	610 NW 183RD STREET
Principal office address MUST BE A STREET ADDRESS)	SUITE 207
	MIAMI GARDENS, FLORIDA 33169
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del>-</del>	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
			□Add
			□ Remove
			□Change
			□Add
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(If an eff Note:		late must be specific this block does no	and cannot be prior of meet the applic	able statutory filing		<b>al)</b> ing.) Pursuant to 605.0207 (. ate will not be listed as th
he recor		effective date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated	September 24,		2024			
Dated		$\overline{}$		<u> </u>		
		10		<del></del> -		
		Signature b	f-a-member or author	orized representative of	of a member	