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COVER LETTER

TO:

SUBJECT:		ited Liability Company	
The employed Amiolog of	A mandagant and facts) are sub-	mittad for filing	
	Scott Backer		
		Name of Person	
	Backer Entertainment		
		Firm/Company	
Name of Person Backer Entertainment Firm/Company 437 Dunraven Dr Address Winter Park, FL 32792 City/State and Zip Code Backdaddyent@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Backer at (
	V-4-	Address	n,
	Winter Park, FL 32792		
		City/State and Zip Code	
	• -		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Scott Backer			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-		_	
	-		•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Backer Entertainment

company has been notified in writing of this change.

(Name of the Limited Liabili (A Florida	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on July 8th, 2015	and assigned
lorida document number L15000117452	·	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
Back Daddy Entertainment LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MU <u>ST BE A STREET ADD</u> I	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	(2)
hereby accept the appointment as registered agent	t and agree to act in this capacity.	I further agree to comply with

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

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>	Address	Type of Action
AMBR	Nhung Backer	437 Dunraven Dr Winter Park, FL 32792	🖷 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
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an effection and an effection and effection	e date, if other than the date of filing:
record d is file	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 d.
	October, 27th 2021
Dated _	
	WIN THE THE PARTY OF THE PARTY
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Scott Backer

Filing Fee: \$25.00