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C. LEWIS

MAR 2 6 2013

EXAMINER

COVER LETTER

TO: Registration Section ** ** ** ** Division of Corporations
SUBJECT: BACKYARD FLMS, LLC Name of Limited Liability Company
FZ DOCUMENT NUMBER L 100000 71362
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY M. ROMARY Name of Person
Backyaid Films, LLC Firm/Company
4064 Amber Lane Address
Palm Harbor, Ft 34685 City/State and Zip Code
E-mail address: (to by used for future annual report notification)
For further information concerning this matter, please call:
Mary M. Romary at (727) 787-6584 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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BACKYARD FILM	MS, LLC			
Name of the Limited Liability of (A Florida Li	Company as it now appears on o imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1000071362</u>	ompany were filed on			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
CALUSA N	MEDIA LLC			
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Company," th	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>N/A</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	/A			
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		cords, enter the name of the new		
Name of New Registered Agent:	N/A			
New Registered Office Address:				
	Enter Florida street address			
	Cia	, 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 608, 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

The mending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

SECRETARY OF STATE

MGR = Manager MGRM = Managing Member		सम्भावसम्भारतम् (म. १)	HEALTHUR OF COMPURATION		
MGRM = <u>Fitle</u>	Name	Address	2013 MAR 25	PK 12: 26	Type of Action
Mbr	Nicholas Romany	401St Ambe	erlave por, R 3468		Add Remove
					Add Remove
					Add Remove
					Add Remove
·					Add Remove
					Add Remove
D. If ame	ending any other information, enter chang	ge(s) here: (Attach	additional sheets, if	necessary.)	
-	<i>}</i>	J/A			_ _
_					_
Dated	Occember 27, 201 Mary M. Signature of a member Mary M. A	Romains	-		·
	Signature of a member $Mary M$. A	Romary,	MBRM		

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Filing Fee: \$25.00