L14000058842

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Trinity Med	dia LLC		
SUDJEN		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
		Sherrin McCune		
			Name of Person	-
		Trinity Media LLC		
			Firm/Company	-
		12484 Afton Court		
			Address	
		Fort Myers , Florida 33908	3	
			City/State and Zip Code	
		sherrinm28@gmail.com E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	·	
Sherrin	McCune		239 2588839	
	Name o	f Person	at () Area Code Daytimo	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 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)
	Mailing Addres	<u>s:</u> Suction	Street Address:	otion

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

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trinity Media LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed o	on 4/10/2014 and assigned
Florida document number 1.14000058842	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	n <u>v here</u> :
EverZen Media LLC	
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2)
	Pii
Enter new mailing address, if applicable:	72
(Mailing address MAY BE A POST OFFICE BOX)	ω
B. If amending the registered agent and/or registered office address on (our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	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 witi 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 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

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

Title	Name	Address	Type of Action
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			□Remove
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ffective date, if other than the date of an effective date is listed, the date must be specote: If the date inserted in this block document's effective date on the Department.	citic and cannot be pr es not meet the app	rior to date of fi olicable statut	ling or more than		ng.) Pursuant to 60	
e record specifies a delayed effec The 90th day after the record is		not an effe	ctive time, a	at 12:01 a.m	n. on the earl	ier o
December 8	2020	<u></u> •				
Shindle	IMU ire of a member or at	3 7 7 1 7				
Signatu	ire of a member or ac	athorized repre	sentative of a me	mber		

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