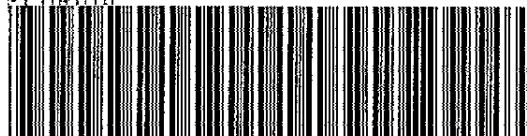


L010000016892

2006 JAN 27 P 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400064556674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

01/27/06--01053--004 **55.00

Special Instructions to Filing Officer:

AL

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hieroglyph LLC

(Name of Limited Liability Company)

FILED

2006 JAN 27 P 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Oliva

(Name of Person)

Hieroglyph LLC

(Firm/Company)

5775 SW 72 Street

(Address)

South Miami, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Oliva

(Name of Person)

at (

305)

662-4423

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 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

FILED

Hieroglyph LLC

(Present Name)
(A Florida Limited Liability Company)

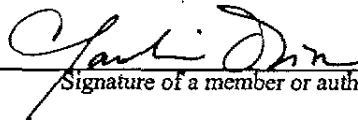
2006 JAN 27 P 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The Articles of Organization were filed on October 2, 2001 and assigned
document number L01000016892.

SECOND: This amendment is submitted to amend the following:

Change of business entity name to Prodigy Advertising LLC.

Dated January 23, 2006



Signature of a member or authorized representative of a member

Claudia Oliva

Typed or printed name of signee

Filing Fee: \$25.00