

**L21000 149 059**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

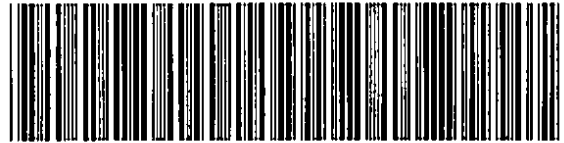
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600365428136**

**RECEIVED**

**MAY 03 2021**

05/04/21--01013--012 \*\*25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Hierarchy Event Center LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

RITA R GRANT  
Name of Person

THE HIERARCHY EVENT CENTER  
Firm/Company

870 20th Ave S.  
Address

St. Petersburg, FL 33705  
City/State and Zip Code

thehierarchyec@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA R GRANT at (727) 379-7919  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

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

The Hierarchy Event Center LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Artijha L. Scott	874 20th Ave S.	<input type="checkbox"/> Add
		St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Antonio K. Jenkins Jr	876 20th Ave S.	<input type="checkbox"/> Add
		St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anterio K. Jenkins	876 20th Ave S.	<input type="checkbox"/> Add
		St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Prita R. a f

RITA R GRANT

Typed or printed name of signee