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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

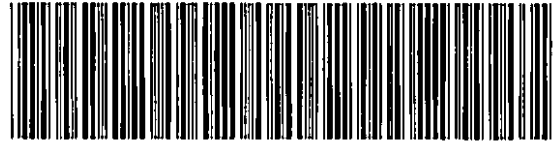
(Document Number)

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22 SEP 20 AM 9:02
DIVISION OF CONSUMER PROTECTION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIEROGLYPHICS, 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:

Enrique Nunez Elorza, Esq.

Name of Person

Law Office of Diaz & Nunez Elorza

Firm/Company

2100 Ponce De Leon Blvd., Ste. 1170

Address

Coral Gables, Florida 33134

City/State and Zip Code

info@diazelorza.com

E-mail address: (to be used for future annual report notification)

22 SEP 20 AM 9:02

Division of Corporations
Tallahassee, Florida

For further information concerning this matter, please call:

Antonio Rodriguez

305

300-5163

at ()

Name of Person

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 Address:

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

HIEROGLYPHICS, LLC

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>
MGR	Paola M Rodriguez	230 MENDOZA AVENUE APT. 8	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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20 SEP 29 AM 8:02
DIVISION OF CONSUMER AFFAIRS
STATE OF FLORIDA

22 SEP 20 AM 9:02

22 SEP 20 AM 9:02Z

(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.

Dated September 15, 2022

[Handwritten signature]

Signature of a member or authorized representative of a member

Antonio Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00