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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	rporations			
SUBJECT: HIEROGL	YPHICS, LLC			
	Name of Lin	nited Liability Company		
The state of the state of				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Enrique Nunez Elorza, Es	q.		
		Name of Person		
	Law Office of Diaz & Nu	nez Elorza		
		Firm/Company		
	2100 Ponce De Leon Blvd	E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)		
	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)			
	Coral Gables, Florida 331	34		
		City/State and Zip Code	 ဒ	
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For further information of	oncerning this matter, please of	all:		3
Antonio Rodriguez				1
Name o	f Person			ž
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	
Mailing Address Registration S Division of C	Section	Street Address: Registration Section		
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIEROGLYPHICS, LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		_	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 06/29/2022	and	assign	ed
Florida document number L22000294664	•		Č	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	e abbreviation	ı "L.L.C.	73
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	(SS)			
		(I)		 -
Enter new mailing address, if applicable:		TALL EORE	022 NO	•===
(Mailing address MAY BE A POST OFFICE BOX)			1,	
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the		gistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	Zip Ca	———	
	•	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	·	

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 605, 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.

ii 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>	Address	Type of Action
MGR	Paola M Rodriguez	230 MENDOZA AVENUE APT. 8	□ Add
		CORAL GABLES, FL 33134	■Remove
			□Change
			□Add
			□Remove
			Add CC NO.
			Change
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.		e record specifies rd is filed.	a delayed effective date	e, but not an effe	ctive time, at 12:	01 a.m. on the earl	ier of: (b) The	90th day aft	er the
Effective date, if other than the date of filing:	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	Dated Stote	imber 15	<u></u>	22				