

L1900000 84296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

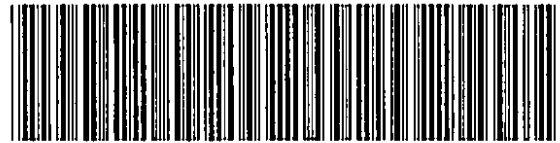
(Business Entity Name)

(Document Number)

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07/07/20--01039--002 **30.00

2020 JUL -7 AM 7:11

FILED

AUG 19 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poise and Punctilio 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:

Zakiyyah Shakir

Name of Person

Poise and Punctilio LLC

Firm/Company

3559 NW 214 street

Address

Miami Gardens Florida

City/State and Zip Code

peerlessetiquette@gmail.com

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

For further information concerning this matter, please call:

Zakiyyah Shakir

954

2489778

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: *only this one*

☐ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Poise and Punctilio LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 JUL 1 AM 7:11

The Articles of Organization for this Limited Liability Company were filed on 03/27/2019 and assigned
Florida document number L19000084296

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Peerless Etiquette LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3559 NW 214 street

(Principal office address MUST BE A STREET ADDRESS)

Miami Gardens FL 33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Zakiyyah Shakir

New Registered Office Address:

3559 NW 214 street

Enter Florida street address

Miami Gardens

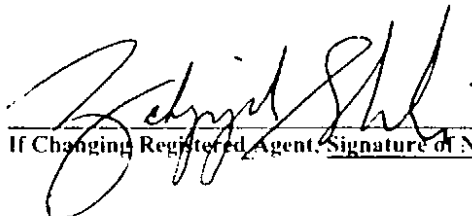
City

Florida 33056

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 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.



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>
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 26, 2020


Signature of a member or authorized representative of a member

Zakiyyah Shakir
Typed or printed name of signee