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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|----------|--|--|---|--|--|
| | | roperties LLC | 1 | • | |
| SUBJE | CT: | Name of Limi | ted Liability Company | | |
| The enc | losed Articles of A | Amendment and fee(s) are sub | nitted for filing. | ress Id Zip Code Tuture annual report notification) A 8266206 Ta Code Daytime Telephone Number Filling Fee & S60.00 Filling Fee, Certificate of Status & Certificate of S | |
| Please r | eturn all correspor | ndence concerning this matter t | to the following: | Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) dress: tion Section of Corporations tre of Tallahassee | |
| | | Alexander Werninck | | | |
| | | | Name of Person | | |
| | | NORTHWEST REGISTER | RED AGENT LLC | | |
| | | | Firm/Company | | |
| | | 7901 4TH ST N STE 300 | | | |
| | | | | | |
| | ST. PETERSBURG, FL 33702 | | | | |
| | | wernincka@gmail.com | City/State and Zip Code | | |
| | | | to be used for future annual report notifi | cation) | |
| For fur | ther information co | oncerning this matter, please ca | all: | | |
| Alexan | nder Werninck | | at () | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclos | ed is a check for th | ne following amount: | | | |
| □ \$2 | 5.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy | |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee. | Section Corporations 27 | The Centre of Ta | porations allahassee : Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pro Client Properties LLC | | |
|---|--|---------------------------------------|
| (Name of the Limited Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) | <u> </u> |
| The Articles of Organization for this Limited Liability Company were f | iled on 09/22/2020 | and assigned |
| | | |
| lorida document number 1.20000298655 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability co | ompany here: | |
| Pro Client Ventures LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability Con | npany," the designation "LLC" or the a | ibbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| | | |
| B. If amending the registered agent and/or registered office addres | ss on our records, enter the na | me of the new register |
| agent and/or the new registered office address here: | | - |
| | | • |
| Name of New Registered Agent: | | ·· |
| | | . *** |
| New Registered Office Address: | | |
| | Enter Florida street address | • • • • • • • • • • • • • • • • • • • |
| | | (<> |
| | , Florida _ | Zıp Code |
| (. | itv | zip Coae |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being auuco or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
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| fective date, if other the one offective date is listed, the dote: If the date inserted in cument's effective date on | late must be specific and this block does not t | d cannot be prior to meet the applicabl | date of filing or more statutory filing | (option e than 90 days after fi requirements, this c | ling.) Pursuant to 605.02 |
| | effective date, but no | t an effective time | , at 12:01 a.m. or | the earlier of: (b) | The 90th day after th |
| ecord specifies a delayed e is filed. | | | | | |
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| is filed. | / Merrin | 2021 member or authoriz | | P | |

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