420000398655

(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:
8-17-21 TM

Office Use Only



800370884188

08/05/21--01023--006 **30.00

21 AUG -5 PM 2: 20

COVER LETTER

TO:

Registration Section

131011 01 001	porations		
Pro Client	Ventures LLC		
	Name of Lim	ited Liability Company	
l Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	Alexander Werninck		
		Name of Person	
	Pro Client V	entures LLC Firm/Company	
	1111 E. Sunrise Blvd. Unit	ı 3-807	
		Address	
	Ft. Lauderdale, FL 33304		
		City/State and Zip Code	
	wernincka@gmail.com		· (*)
		·	iffication)
iformation c	oncerning this matter, please ca	afl;	
erninck/		904 8266206 at ()	
Name o	f Person		ne Telephone Number
check for th	ne following amount:		
iling 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)
		<u>Street Address:</u> Registration Sc	ection
Division of Corporations		Division of Co	rporations
			Fallahassee be Street, Suite 810
	Articles of all correspondence of the corres	Articles of Amendment and fee(s) are substall correspondence concerning this matter Alexander Werninck Pro Client V HILE Sunrise Blvd. Unit Ft. Lauderdale, FL 33304 wernincka@gmail.com E-mail address: (afformation concerning this matter, please conformation concerning this matter, please conformation concerning this matter, please conformation for the following amount: Siling Fee \$30.00 Filing Fee & Certificate of Status	Pro Client Ventures LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Alexander Werninck Name of Person Pro Client Ventures Firm/Company 1111 E. Sunrise Blvd. Unit 3-807 Address Ft. Landerdale, FL 33304 City/State and Zip Code wernincka@gmail.com E-mail address: (to be used for future annual report not offermation concerning this matter, please call: // Cerninck Name of Person Area Code Daytin check for the following amount: (iling Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Company Code Company

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Client Ventures LLC

company has been notified in writing of this change.

21 AUG -5 PH 2:21

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

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.20000298655		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1111 East Sunrise Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Unit 3-807	
	Fort Lauderdale, FL 33304	
Enter new mailing address, if applicable:	1111 East Sunrise Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)	Unit 3-807	
	Fort Lauderdale, FL 33304	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the na	me of the new registered
New Registered Office Address.	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	rap Ciriu
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	- ree to act in this capacity. I further a	

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

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>	Address 21 AUG - 5 PM 2: 21	Type of Action
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Change

	21 AUG -5 PH 2: 21
	21 AUG -5 FILE
•	
	<u> </u>
-	
	
factive data if other than the date of	f filing: (optional)
in effective date is listed, the date must be speci-	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
ote: If the date inserted in this block does ocument's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as t nt of State's records.
ecord specifies a delayed effective date. by	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
July 31st	2021
1. 1	
Hundy Wer	re of a member or authorized representative of a member
Signature	e of a member or authorized representative of a member
Alexander Werninck	
	Typed or printed name of signee