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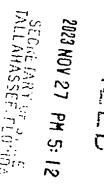
(Req	uestor's Name)	
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'O :	Registration S Division of Co			*,
HBJFO	~r. WK NAIS	SSANSE LLC		
OBJEC		Name of Lim	ited Liability Company	
he encl	osed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
lease re	turn all corresp	ondence concerning this matter	to the following:	
		SERGIO S SANCHEZ CE		
		Amendment and fee(s) are submitted for filing. SERGIO S SANCHEZ CRESPO Name of Person WK NAISSANSE LLC Firm/Company 2622 VERGO CT Address ORLANDO. FL 32837 City/State and Zip Code WKNAISSANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) oncerning this matter. please call: CRESPO at (407		
		WK NAISSANSE LLC		
		-	Firm/Company	Boundary of Tallahassee
		2622 VERGO CT		
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
		_		
or furth	er information			ification)
SERGIO) S SANCHEZ	CRESPO	at (407) 5904576	
	Name	of Person		ne Telephone Number
Inclosed	l is a check for	the following amount:		
≣ \$25.	00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Addre			action
	Registration Division of			
	P.O. Box 63	•	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WK NAISSANSE LLC

(Name of the Limited Liability Compa (A Florida Limited	any as <mark>it now appears on our recor</mark> Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company were filed on 11/01/2023 Florida document number L23000497121			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3564 Avalon Park E Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Ste 1-A731	Σ _ω 28	
	Orlando, FL 32828	823 N	
Enter new mailing address, if applicable:	3564 Avalon Park E Blvd	HOV 27	
(Mailing address MAY <u>BE A POST OFFICE BOX)</u>	Ste 1-A731	7 3 IT	
	Orlando, FL 32828	5: 12	
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:			
	Enter Florida street addre	28.8	
	, Florida		
	City	Zip Co d e	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is	
H Cha	nging 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	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than t	the date of filing:		(optional)		
reffective date is listed, the date r	must be specific and cannot	be prior to date of filin	g or more than 90 days	after filing.) Po	ursuant to 60)5.020
te: If the date inserted in this cument's effective date on the	i block does not meet the Department of State's r	applicable statutory	y filing requirements	s, this date wi	II not be lis	ited as
Ameni sencenve date on me	. Department of Otale 31	ccoras.				
				A 4 > 49 A		.1
cord specifies a delayed effects filed.	tive date, but not an effe	ctive time, at 12:01	a.m. on the earlier o	of: (b) The 9	Oth day are	er the
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	202	•				
ted 11/10	. 2023	•				
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Typed or printed name of signee