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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT:	LOTUSKRE810	NS LLC	
Jobatier.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maryann Matlaga		
		Name of Person	
	LOTUSKRESIONS LL	C	
		Firm/Company	
	74 7th Street		
		Address	
	Shalimar, FL 32579		
		City/State and Zip Code	
	maryannmatlaga@yahoo.co	om to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	·	,
Maryann Matlaga		850 376-0399	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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

May 20, 2022

To: Florida Department of State

From: LOTUSKRE8IONS LLC

Subject: Change name of LLC.

Please find attached the documents needs for the change of LLC name.

If any further information is needed please contact me at the following:

Maryann Matlaga - Owner / Registered Agent

Phone / Text: 850-376-0399

Email: maryannmatlaga@yahoo.com

Address: 74 7th Street, Shalimar, FL 32579

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOTUSKRE8IONS LLC

2022 HILY 26 PM 1:55

(Name of the Limited Liange (A Florid	ia Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability (Florida document number 1.22000071902		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the list	nited liability company here:	
JMK ART DESIGN LLC		
The new name must be distinguishable and contain the words "Liv	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registere
Nieuw of Nieuw Designand America		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del> -	City	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 antending 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 Type of Action Address Title Name \_\_\_\_\_\_ □Remove \_\_\_\_\_ (I) Change \_\_\_\_\_ □ Change \_\_\_\_\_CChange \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ Change \_\_\_\_\_ Remove

\_\_\_\_\_ Change

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ective date, if other than the date of filing effective date is listed, the date must be specific and	g:		otional)
e: If the date inserted in this block does not nument's effective date on the Department of S	neet the applicable statute		
cord specifies a delayed effective date, but not sfiled.	an officitive time, at 12:0	01 a.m. on the earlier of:	(b) The 90th day after t
14.05	0000		
ed May 20	. <u>2022</u>		
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Typed or printed name of signee