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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

JM Mimou SUBJECT:	ın, LLC			
5065EC1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jade Mimoun			
		Name of Person		
		Firm/Company		
	550 North Island Drive			
		Address	- -	
	Golden Beach, FL 33160			
	lawmounllc@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please co	all:		
Jade Mimoun		305 5275007 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JM Mimoun, LLC

2024 SEP 17 PM 4: 03

(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 September This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LawMoun, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Elorida street àddress Florida Zio 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
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Effective date, if other than th	e date of filing:	•	optional)	
If an effective date is listed, the date mi	ust be specific and cannot be prio	r to date of filing or more than 90 day	s after filing.) Pursuant to 605	
Note: If the date inserted in this be document's effective date on the I			s, this date will not be liste	ed as t
ne record specifies a delaye	ed effective date, but no	ot an effective time, at 12:	01 a.m. on the earlie	er of:
The 90th day after the re		,		
	2024	·		
September 9 Dated				
Dated September 9				

Typed or printed name of signee