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COVER LETTER

•	istration Sec sion of Cor			
SUBJECT:	Monamie	Beauty Academy LLC		
SUBIRCT.		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:	
		Alexey Shastov		
			Name of Person	
		Monamie Beauty Acader	ny LLC	
			Firm/Company	
		2708 ALT 19 N, SUITE	500. PALM HARBOR	
			Address	
		FL 34683		
		<u></u>	City/State and Zip Code	
		alex.shastov@gmail.com		
P C. Alice T.	<i>C</i>		to be used for future annual report notif	fication)
For further in	normation co	oncerning this matter, please c	uii.	
	Alexe	y Shastov	551 3259199 at ()	
	Name of	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 F	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)
	ling Addres		<u>Street Address:</u> Registration Sec	etion
Registration Section Division of Corporations		Division of Cor		
P.C). Box 632	7	The Centre of T	
Tal	lahassee. I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



	nuty Academy LLC		> 1/2×
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	04/29/2025	and assigned
Florida document number	<u></u> .		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	 		
3. If amending the registered agent and/or registered	d office address on our reco	rds, <u>enter the na</u>	me of the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:	_		
Name of New Registered Agent:			
	Enter Florida	street address	
	Enter Florida	street address	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TETIANA, TROIAN		□Adđ
		2708 ALT 19 N. SUITE 500PALM HARBOR, FL 34	66 _ ⊟ Remove
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			_ 🗆 Add
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(If an effective d Note: If the	date, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.	07 (3 is th
he record speci ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
Dated	07/16/2025	
-	Signature of a member or authorized representative of a member	
_	Alexey Shastov Typed or printed name of signee	

. . . .

Filing Fee: \$25.00