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DATE:

04/18/2025

NAME: ADVANCED VITALITY GROUP LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

ction porations					
ANCED VITALITY GRO	OUP LLC				
Name of Lim	nited Liability Company				
Amendment and fee(s) are sub	omitted for filing.				
ndence concerning this matter	to the following:				
	Georgy Sergeev				
Name of Person					
ADVANCED VITALITY	GROUP LLC				
	Firm/Company				
1818	HOLLYWOOD BLVD APT 18	306			
	Address				
	HOLLYWOOD, FL 33020				
	City/State and Zip Code				
		ort notification)			
oncerning this matter, please c	all:				
Georgy Sergeev		954 758 0747			
f Person		Daytime Telephone Number			
e following amount:					
S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>s:</u> Section	<u>Street Addr</u> Registratic				
orporations	Division o	f Corporations			
7 FL 32314		e of Tallahassee Ionroe Street, Suite 810			
	ANCED VITALITY GRO Name of Lin Amendment and fee(s) are substantial and fee(s) are substantial fee and fee an	ANCED VITALITY GROUP LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Georgy Sergeev Name of Person ADVANCED VITALITY GROUP LLC Firm/Company 1818 HOLLYWOOD BLVD APT 18 Address HOLLYWOOD, FL 33020 City/State and Zip Code geo440891@gmail.com, alinaa.rakhimzhanova@ E-mail address: (to be used for future annual repondencerning this matter, please call: y Sergeev I Person Area Code S55.00 Filing Fee & Certified Copy (additional copy is enclose) Signature Address Street Address Street Address Street Address Street Address Division of Division Division of Division Division of Division of Division Division Division Division of Division Division Division Division Division Division Division			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 APR 18 AM 11: 05

ADVANCED VITALITY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.) SECTLEMENT OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Compar	ny were filed on 03/18/2025	and assigned		
Florida document number L25000132557	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	700 D			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	the name of the new registered		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida street addre			
	City F.	lorida		
New Registered Agent's Signature, if changing Registered Agen		rap conse		
,		anthon acres to accomply with the		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, a s provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is		
If Ch	anginy 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
MGR	NATALIE SHAPIRO	3370 NE 190TH ST., APT 2310	
		AVENTURA, FL 33180	■Remove
			Change
			C]Add
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te: If the	date inserted in	an the date of late must be specif this block does the Departmen	not meet t	he applicab	date of filing	cor mune tha	(op n 90 days aff irements, th	er filing.) I	Pursuant to ill not be	605.0207 listed as
cord spec s filed.	ifies a delayed o	ffective date, bu	it not an e	Tective tim	c, at 12:01 :	a.m. on the	earlier of:	(b) The	90th day	after the
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ed 03/28										
ed		17/25								

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