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DATE: 06/17/2025

NAME: ADVANCED VITALITY GROUP LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ED VITALITY GROUP LLC		
SUBJECT:	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:	
	Georgy Sergeev		
		Name of Person	
	ADVANCED VITALITY	GROUP LLC	
		Firm/Company	
	2100 Stirling Road, Unit	10-110, Hollywood FL 33020	
		Address	
	HOLLYWOOD, FL 3302	0	
	·	City/State and Zip Code	
		alinaa.rakhimzhanova@gmail	
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please co	ıll:	
Georgy Sergeev		+1 954 758 0	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

land land

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#### ADVANCED VITALITY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records) (A SSEE FLORIDA (A Florida Limited Liability Company)

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 lia	ability company here:	
SGGA Management LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<u> </u>
(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, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		_, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
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 duti s provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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				7
<b></b>				
Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prio	cable statutory filing require	(optional) 00 days after filing.) Pursuant ements, this date will not b	to 605.0207 be listed as
ne record specifies a delayed effecti ard is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the ea	arlier of: (b) The 90th day	y after the
Dated	2025			
<del></del>	diameter 1	orized representative of a men		

Filing Fee: \$25.00