

118000207844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

2020 SEP 22 PM 12:01

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D. BRUCE
OCT 31 2020

COVER LETTER

Registration Section
Division of Corporations

NOVASH SWIM LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley D. Calixte

Name of Person

Firm/Company

1640 E Sunrinse Blvd APT 2202

Address

Fort Lauderdale FL, 33304

City/State and Zip Code

ashleydcalixte@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley D. Calixte

609 420-1133

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

The enclosed is a check for the 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

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TALLAHASSEE, FL
SEP 22 2020

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

NOVASH SWIM LLC

(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 8/31/2018 and assigned
Florida document number L18000207844.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

ALIOCO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1640 E Sunrise Blvd

Principal office address MUST BE A STREET ADDRESS

Apt 2202

Fort Lauderdale FL, 33304

Enter new mailing address, if applicable:

1640 E Sunrise Blvd

Mailing address MAY BE A POST OFFICE BOX

Apt 2202

Fort Lauderdale FL, 33304

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

IBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2020 SEP 22 PM 12:01
TALLAHASSEE, FL
COUNTY CLERK

Filing Fee: \$25.00