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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Division of C	Section Corporations		•
	TA, LLC	ı	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Nicholas Kitko		
		Name of Person	-
	Bailey Cavalieri LLC		
		Firm/Company	
	10 W. Broad Street, Suite	2100	
		Address	
	Columbus, Ohio 43215		
		City/State and Zip Code	·-·.
	nkitko@baileycav.com		
		to be used for future annual report no	tification)
For further informatio	n concerning this matter, please c	all:	
Nicholas Kitko		614 229-3248	
Nam	e of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check fo	r 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIMDATA, 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 May 15, 2020 and assigned Florida document number L20000132059 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 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

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.

City

. Florida __

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
AMBR	Adam Sigg	1773 Andover Road	= Add
		Columbus, Ohio 43212	□Remove
			Change Change
AMBR	Roger Honan	525 W. Chapel Street, #101	OC TANGE
		Columbus, Ohio 43215	22 III
			පුChange
			□ Add
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ective date, if other than the a effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the D	lock does not me	et the applicab	date of filing or le statutory fil	more than 90 day ng requirement	(optional) s after filing.) ts. this date w	Pursuant to 605.020 vill not be listed a
cord specifies a delayed effective s filed.	e date, but not a	n effective time	e, at 12:01 a.m	on the earlier	of: (b) The	90th day after the
ed October 21		2020				
			• •			
-7104	Signature of a mo					

Filing Fee: \$25.00