# 120000132059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NC

Office Use Only



000380789520

The first section (see a first section)

29-29-11-05 TA S

## BAILEY | CAVALIERI

CARRIE LESCAS, Paralegal E clescas@baileycav.com D 614-229-3274

January 25, 2022

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of AIMDATA, LLC

Dear Sir or Madam:

Enclosed is the Cover Letter along with the Articles of Amendment to Articles of Organization of AIMDATA, LLC to amend the company name and a check made payable to the Florida Department of State in the amount of \$25.00.

Thank you for your assistance. If you have any questions or need additional information, please contact me.

Very truly yours,

Carrie Lescas

Paralegal for David A. Martin

Enclosures

#### **COVER LETTER**

	gistration Se vision of Cor					
SHELECT	AIMDATA	. LLC				
SUBJECT:		Name of Lin	ited Liability Company	<del></del>		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	indence concerning this matter	to the following:			
		David A. Martin				
			Name of Person			
		Bailey Cavalieri LLC		~		
			Firm/Company	· <del></del> ···		
		10 W. Broad Street, Suite	2100			
			Address			
		Columbus, OH 43215				
		City/State and Zip Code				
		amartin@baileycav.com	to be used for future annual report r	*/*		
For further i	nformation co	oncerning this matter, please co	·	ionneation)		
David Mart	in		614 229-3226			
	Name of	Person	at () Area Code Day	time Telephone Number		
Enclosed is:	a check for th	e following amount:				
<b>≡</b> \$25.00 1		S30.00 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)		
Re Di	iling Address gistration S vision of Co ). Box 632'	ection orporations	Street Address: Registration S Division of C The Centre o	Section Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### 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 L	imited Liability Company)	3)
The Articles of Organization for this Limited Liability Cor	mpany were filed on May 15, 2020	and assigned
Florida document number L20000132059		
riorida document humber	·	0,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
RAR Partners, LLC	·	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRE	(22)	<del></del>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	r:	lorida
	City , F	Zip Code
New Registered Agent's Signature, if changing Degistered A	l gant.	·

#### stered 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

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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u>_</u> _			□ Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□ Change

_	
_	
-	
-	
_	
_	
-	
-	
_	
_	
-	
-	
_	
_	
-	
_	
an effi <del>(ote:</del>	ive date, if other than the date of filing:
l is fil	
ated	January 25 2022
	() (/// 1 -
,	Veril a. The
· - <del></del> ,	Signature of a member or authorized representative of a member

Filing Fee: \$25.00