## L21000071736

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
SUBJECT: GERTY	Y DATA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
721 l	Sa de la companya de	to the cu	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	,	PAUL SANTONASTASO	
		Name of Person	
		GERTY DATA LLC	
	<del></del>	Firm/Company	
	6524 SA	ND LAKE SOUND RD A	PT3412
		Address	
		ORLANDO/FL 32819	
	<del>, , , , , , , , , , , , , , , , , , , </del>	City/State and Zip Code	
	<del>-</del>	antonastaso@knights.uct to be used for future annual repo	
For further information	concerning this matter, please c	•	,
PAUL SANTONAS	- ,		
	of Person		08 4670 Paytime Telephone Number
			.,
Enclosed is a check for (	the following amount:		
SI \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63:	Section Corporations		
Tallahassee,	FL 32314		onroe Street, Suite 810 e, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **GERTY DATA LLC**

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document numberL21000071736	ere filed on	FEBRUARY 10	0, 2021 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company h	ere: PITCH	HYARDS LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" o	or the abbreviation "L.L.C."	—
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 here:	dress on our	records, <u>enter th</u>	FLORE #	The Consistered
New Registered Office Address:	Enter Flo	orida street address		<del></del>
	. Florida			
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree				

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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		<del></del>	□Remove
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		<del></del>	□Change
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<b>.</b>	nending any other information, enter change(s) here: (Attach additional sheets, if necessary:)			
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			<del></del>	
E. Effec	tive date, if other than the date of filing: (optional)			
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.			
f the rece ecord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 filed.	th day a	after the	
Date	07JULY2023			
	Signature of a member or authorized representative of a member		_	
	Paul Santonastaso			

Filing Fee: \$25.00

Typed or printed name of signee