

N23000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

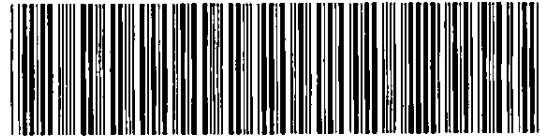
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300426072493

Amend

RECEIVED

2024 MAR 25 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 MAR 25 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR 26 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309,
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$35.00

AUTHORIZATION SIGNATURE: _____

Knights Experimental Rocketry, INC

N 23000003318

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ LLLP

AMMENDMENTS

___ **X** ___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KNIGHTS EXPERIMENTAL ROCKETRY INC

DOCUMENT NUMBER: N23000003318

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emilio Pereira

(Name of Contact Person)

(Firm/ Company)

12760 PEGASUS DR BLDG 40 ROOM 307

(Address)

ORLANDO, FL 32816

(City/ State and Zip Code)

eboard@kxrucf.com

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

For further information concerning this matter, please call:

Emilio Pereira

(Name of Contact Person)

at 954

(Area Code)

991-9983

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED
2024 MAR 25 AM 9:50
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

KNIGHTS EXPERIMENTAL ROCKETRY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000003318

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Sophie Riccio

1897 Bluebonnet Way

(Florida street address)

New Registered Office Address:

Fleming Island

(City)

Florida 32003

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

DocuSigned by:

Sophie Riccio

2010ED5A5EAEAD0

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

I) _____ Change P _____ Kyler Marciel 5141 Brightmour Cir
x _____ Add Orlando, FL 32837

 Remove

2) Change P Emilio Pereira

x Remove

3) <u> </u> Change	<u> </u> V	<u> </u> Kaia Hollister	<u> </u> 262 Oakmont Reserve Circle
x <u> </u> Add			<u> </u> Longwood, FL 32750

Remove

4) _____ Change V _____ Samantha Keene
_____ Add

x Remove

5) Change \$ Jason Gay 748 Lancer Cir
 x Add Ocoee FL, 34761

Remove

6) _____ Change S _____ Christina Caride
_____ Add

x Remove

7) Change T Sophie Riccio 1897 Bluebonnet Way Fleming
X Add Island 32003 FL

Remove

8) Change T Camila Martinez _____
 Add

X Remove

9) Change D Keanu Brayman 9767 Boca Gardens Pkwy Apt C
X Add Boca Raton, FL, 33496

Remove

10) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>vera rodor</u>	<u></u> <u></u> <u></u>
11) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Kenneth Behar</u>	<u>3950 NW 84 Way Cooper City</u> <u>FL 33024</u> <u></u> <u></u>
12) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Subhan Wade</u>	<u></u> <u></u> <u></u>
13) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Nathaniel Michnoff</u>	<u>807 Culper Drive</u> <u>South Setauket, NY 11720</u> <u></u> <u></u>
14) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
15) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
16) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
17) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
18) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

E. If amending or adding additional Articles, enter change(s) here:*(attach additional sheets, if necessary). (Be specific)*

The date of each amendment(s) adoption: 3/23/2024, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 3/23/2024

Signature DocuSigned by:
Emilio Pereira

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Emilio Pereira
(Typed or printed name of person signing)

President
(Title of person signing)