

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From: **CARL MATTHEWS**

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO, BOZARTH, P.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CRK@knightarmco.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KNIGHT VISION, LLC

T. CLINE

JAN - 7 2010

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KNIGHT VISION, 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 01/08/2007 and assigned Florida document number L07000002468

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 end with the words "Limited Liability Company," the designation "LLC" 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)

2010JAN-6 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, 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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	C. Reed Knight, Jr.	701 Columbia Blvd. Titusville, FL 32780	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	C. Reed Knight, Jr.	701 Columbia Blvd. Titusville, FL 32780	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jan R. Knight	701 Columbia Blvd. Titusville, FL 32780	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company.

Dated December 23, 2009.

Signature of a member or authorized representative of a member

C. Reed Knight, Jr.

Typed or printed name of signee

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Filing Fee: \$25.00

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