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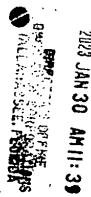
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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er field Copies Certificates of Status
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rial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

Office Use Only

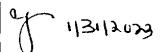


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 304934 8378847 AUTHORIZATION : COST LIMIT : ORDER DATE: January 4, 2023 ORDER TIME : 8:29 AM ORDER NO. : 304934-035 CUSTOMER NO: 8378847 FOREIGN FILINGS NAME: KOCH KNIGHT, LLC ___ CORPORATE ___ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Koch Knight, LLC	
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Name of Person	 _
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual)	report notification)
For further information concerning this matter, p	blease call:
Name of Person	at () Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Certificate of Status	mount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	- •

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

2023 JAN 30 A

SECTION I (1-4 must be completed)

	SEURLI			
 Name of limited liability Company as it appears on the records of the Florida Department State: Koch Knight, LLC 	SEURLI of TALLANIAS			
Enter new principal office 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)				
2. The Florida document number of this limited liability company is: M03000003413				
3. Jurisdiction of its organization: Delaware				
Date authorized to do business in Florida: 10/13/2003				
SECTION II (5-9 complete only the applicable changes)				
i. New name of the limited liability company: Knight Material Technologies LLC (must contain "Limited Liability Company, ""L	L.C" or "LLC.")			
If name unavailable, enter alternate name adopted for the purpose of transacting business in copy of the written consent of the managers or managing members adopting the alternate namust contain "Limited Liability Company," "L.L.C." or "LLC.")	ne. The alternate name			
. If amending the registered agent and/or registered officer address on our records, enter the egistered agent and/or the new registered office address here:	name of the new			
Same of New Registered Agent:				
New Registered Office Address: Enter Florida Street Add	da			
, Florid	a			
Sew Registered Agent's Signature, if changing Registered Agent:				

If Changing Registered Agent, Signature of New Registered Agent

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
		- 1 <u>- 1</u>	□Add	
			□Remo	
	-		□Remo	
			□Add	
	-		□Remo	
			□Add	
aforementioned ame	cate, if required: no more than 90 days endment(s), duly authenticated by the te law of which this entity is organized Michelle Signature of the a	official having custody of record.	□Remo ds in the	

Filing Fee: \$25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KOCH KNIGHT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "KNIGHT MATERIAL TECHNOLOGIES LLC" ON THE FIRST DAY OF DECEMBER, A.D. 2021, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202590996

Date: 01-27-23