



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/29/2025 3:03 PM  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Amended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input type="checkbox"/>	profit corporation	<input type="checkbox"/>	nonprofit corporation.
<input type="checkbox"/>	professional service corporation	<input type="checkbox"/>	business trust
<input checked="" type="checkbox"/>	limited liability company	<input type="checkbox"/>	limited partnership
<input type="checkbox"/>	professional limited liability company	<input type="checkbox"/>	statutory trust
<input type="checkbox"/>	limited cooperative association	<input type="checkbox"/>	non-profit LLC
<input type="checkbox"/>	other		
- The name of the company is: Meggitt (Erlanger), LLC  
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware.
- The entity received authority to transact business in Kentucky on 07/24/2013.
- The entity has changed its (check all that apply)
  - Domicile name to Axillon Aerospace (Erlanger), LLC
  - Name to be used in Kentucky to Axillon Aerospace (Erlanger), LLC
  - Jurisdiction of organization to \_\_\_\_\_
  - Period of duration \_\_\_\_\_
  - Form of organization \_\_\_\_\_
  - Management type:                      Member managed                      Manager managed
- This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Robert Bonatakis	Secretary and Treasurer	1/27/2025
Signature of Authorized Representative	Printed Name	Title	Date