(Re	questor's Name)	
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COVER LETTER

то:		istration Sec ision of Corp						
SI (R.)	IFCT.	Derek Trau	ger & Associates LLC					
Name of Limited Liability Company								
The e	nclosed	Articles of A	Amendment and fee(s) are subt	nitted for filing.				
Pleas	e return	all correspor	ndence concerning this matter t	to the following:				
			Christopher Torchia, Esc	l.				
				Name of Person				
			Torchia Law Firm PA					
				Firm/Company				
			522 S Hunt Club Blvd Pf	ЛВ 326				
				Address				
			Apopka, FL 32703-4960					
				City/State and Zip Code				
			E-mail address: (1	o be used for future annual report notific	cation)			
For fi	urther is	iformation co	oncerning this matter, please ca	ill:				
Chris	stophe	Torchia	•	407 8691004				
		Name of	Person	Area Code Daytime	Telephone Number			
Enclo	osed is a	check for th	e following amount:					
≡ s	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Derek Trauger & Associates LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 03/11/2008 and assigned
lorida document number L08000025732	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	<u>ıy here</u> :
Red Sky Engineering LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: 23
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
2 a 11 da a 16 anuliada.	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	27 G
	
3. If amending the registered agent and/or registered office addres egistered agent and/or the new registered office address here:	s on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er 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 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 = Månager AMBR = Authorized Member Type of Action **Title** Name | <u>Address</u> _ \Backsquare Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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ective date, if other than effective date is listed, the date te: If the date inserted in the nument's effective date on the	must be specific and can is block does not meet	the applicabl	date of filing or e statutory fil	more than 90 day	(optional) s after filing.) Pursu ts, this date will no	ant to 605. of be liste
record specifies a dela he 90th day after the		e, but not a	ın effective	time, at 12	:01 a.m. on th	e earlie
ed July 11	,	2018				
Dia 1						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00