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COVER LETTER

Registration Section Division of Corporations

VERALUBE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Vera	
Name of Person	
Firm/Company	
711 NW 43 Avenue	
Address	
Coconut Creek, FL: 33066	

City/State and Zip Code

brian.skyfix@gmail.com

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

For further information concerning this matter, please call:

Brian Vera

at (954)868-3721

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing 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

	LUBE LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on our reco- Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Li Florida document number L 080 0000 4064	ability Company	were filed on 1/11/2008	and assigned	i
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
TOUCH N GO AEROWORKS, L	LC.			
The new name must be distinguishable and end with "L.L.C."	h the words "Lim	ited Liability Company," the design	nation "LLC" or the abbrev	/iation
Enter new principal offices address, if applica	able:	N/A	3	
(Principal office address MUST BE A STREE	T ADDRESS)		AA T	<u> </u>
Entay now mailing address if applicables		N/A	29 PM	<u>-</u>]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1000	- S	'
Munic address MAT BE AT OST OFFICE I	<u>BOAJ</u>	· · · · · ·	17 C	
B. If amending the registered agent and/or registered agent and/or the new registered of			enter the name of the	new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida sti	reet address	
		, Flo	rida	
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove

			Add
		<u> </u>	Remove
			
			Add
	•		Remove
			Add
			Remove
			Add
		·	Remove
			Add
			Remove

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	MARCH 5 2013.
	Bun
	Signature of a member or authorized representative of a member
	BRIAN VERA, Managing Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00