

L12000030161

Fax Send Report

Date/Time : NOV-25-2014 10:08AM TUE
 Fax Number :
 Fax Name :
 Model Name : SCX-5835_5935 Series
 Machine Serial Number : 22P3BAKB100043V

No.	Name/Number	Start Time	Time	Mode	Page	Result
706	18506176383	11-25 10:07AM	01'16	ECM	005/005	OK

Division of Corporations

Page 1 of 2

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000273643 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 482-4500

From: Account Name : F & J PROCEEDS CORP
 Account Number : 1201200000-1
 Phone : (772) 482-4481
 Fax Number : 850 482-4500

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

Email Address _____

LLC AMND/RESTATE/CORRECT OR MING RESIGN
 APAX 01 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

<http://file.sunbiz.org/corpuf/efl001.exe>

11/25/2014

RECEIVED

14 NOV 26 AM 10:00

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

FILED
 2014 NOV 25 AM 8:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

W14-70905

N. Oulligan DEC 1 - 2014

NOV-26-2014 14:10 From:

To:18506176383

Page:1/7

850-617-6381

11/26/2014 8:51:55 AM PAGE 1/001 Fax Server



November 26, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APAX 01 LLC
3668 ARCTIC CIRCLE
NAPLES, FL 34112US

SUBJECT: APAX 01 LLC
REF: L12000030161

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H14000273643
Letter Number: 214A00025082

RECEIVED

14 NOV 26 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

(H 14000273643 3)

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: APAX 01 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:

RAFAEL FERRER

Name of Person

F&S PROJECTS CORP

Firm/Company

1920 N COMMERCE PARKWAY, STE. 3

Address

WESTON, FL. 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

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

For further information concerning this matter, please call:

RAFAEL FERRERat **954** **482.9681**

Name of Person

Area Code

Daytime Telephone Number

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

(H 14000273643 3)
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 NOV 25 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APAX 01 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 03/02/2012 and assigned Florida document number L12000030161.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMERICAN WISE 01 LLC

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)

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 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

(H 14000273643 3)

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

(H14000273643 3)

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 25th, 2014


Signature of a member or authorized representative of a member

ANTONIO NADDEO

Typed or printed name of signer

FILED
2014 NOV 25 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA