

Nov. 9. 2012 12:08 PM
Division of Corporations

SALVATORI & WOOD, BUCKEL, PL

No. 90022322P 1:1

L12000030161

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706

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

Email Address: SCS@SWBNAPLES.COM

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APAX 01 LLC

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Nov. 9. 2012 12:08PM SALVATORI & WOOD

No. 9022 P. 2

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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:

C. LANE WOOD

Name of Person

SALVATORI, WOOD & BUCKEL, P.L.

Firm/Company

9132 STRADA PLACE, FOURTH FLOOR

Address

NAPLES, FL 34108

City/State and Zip Code

SCS@SWBNAPLES.COM

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

For further information concerning this matter, please call:

C. LANE WOOD

Name of Person

at **239 552-4100**

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
12 NOV -9 AM 8:21
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 MARCH 2, 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:

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

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

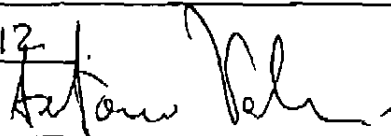
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONIO VELARDO SR.	3668 ARCTIC CIRCLE	<input type="checkbox"/> Add
		NAPLES, FL 34112	<input checked="" type="checkbox"/> Remove
MGR	ANTONIO VELARDO	3668 ARCTIC CIRCLE	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated November 9, 2012



Signature of a member or authorized representative of a member

ANTONIO VELARDO

Typed or printed name of signee

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Filing Fee: \$25.00

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