114000013685

(Requ	iestor's Name)	
	·	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
	·	•
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	1
Certified Copies	Certificate	s of Status
	Commodica	
Special Instructions to Fi	ling Officer:	
·	J	

Office Use Only



700256910427

02/25/14--01014--016 **25.00

2014 FEB 25 AM IO: 35

FEB 26 2014 D. BRUCE

COVER LETTER

TO: Registration Section **Division of Corporations**

CHI Apalach, 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:

David R. Phillips, Esq.

Bryan J. Stanley, P.A.

209 Turner Street

Clearwater, FL 33756

City/State and Zip Code

david@bryanjstanley.com

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

For further information concerning this matter, please call:

Maria Fernandez

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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	. Florida	
New Registered Office Address:	Enter Florida street address	
		
Name of New Registered Agent:		
registered agent and/or the new registered office	ce address here:	
B. If amending the registered agent and/or	registered office address on our records, ente	
		25 D
(Mailing address MAY BE A POST OFFICE Be	<u></u>	TO THE STATE OF TH
Enter new mailing address, if applicable:		(SE) (S) (This
		55 B 🚅
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new principal offices address, if applicab	ole:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Sand Market Market Market Market Ave.	A HINTON HANNEL FAIGHAIL MALE.	
A. If amending name, enter the new name of t	he limited lighility company here:	
This amendment is submitted to amend the follow	ving:	
Florida document number L14000013685	•	
The Articles of Organization for this Limited Liab	bility Company were filed on January 24, 2014	and assigned
(A	Florida Limited Liability Company)	
(Name of the Limited	Liability Company as it now appears on our records.)	
CHI Apalach, LLC		

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 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>	Name	Address	Type of Action
MGR	EDGEWATER VALLEY FORGE FUND, LP	1030 OLD VALLEY FORGE ROAL) □ Add
		KING OF PRUSSIA, PA 1940	Õ_≣ Remove
AMBR	EDGEWATER VALLEY FORGE PUND, LP	1030 OLD VALLEY FORGE ROAD	■ Add
		KING OF PRUSSIA, PA 19406	Remove
			2014 FEB 25
			SSEE FLOATE D Remove
-			_

If amending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing. (The effective date must be specific, cannot be prior to date this document is filed by the Florida Department	ste of receipt or filed date and cannot be more than 90 days after
Dated February 21	<u>2014</u>
	ST& T
Signature of a	member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 25 AM IO: 35