

L14000013685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

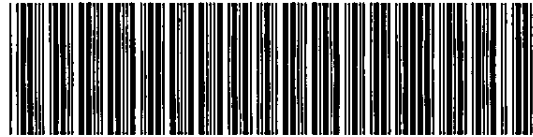
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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.

Name of Person

Bryan J. Stanley, P.A.

Firm/Company

209 Turner Street

Address

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

727 461-1702

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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TALLAHASSEE, FLORIDA
DIVISION OF STATE

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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>
MGR	EDGEWATER VALLEY FORGE FUND, LP	1030 OLD VALLEY FORGE ROAD	<input type="checkbox"/> Add
		KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> Remove
AMBR	EDGEWATER VALLEY FORGE FUND, LP	1030 OLD VALLEY FORGE ROAD	<input checked="" type="checkbox"/> Add
		KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA

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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 February 21, 2014



Signature of a member or authorized representative of a member

ROBERT BRIER

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA