(Re	questor's Name)	
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M. MILLIGAN EXAMINER

DEC - 3 2014

COVER LETTER

TO: Registration S Corporations	ection Division of		
SUBJECT: <u>RJ HOF</u>			
	Name of Lim	ited Liability Company	·
The enclosed Articles o matter to the following:	f Amendment and fee(s) are subn	nitted for filing. Please retur	n all correspondence concerning this
	Willi	iam K. Budd	
		Name of Person	
	Rayı	nond James Tax Credit Funds, Inc. Firm/Company	
	880	Carillon Parkway, Dept. 05485 Address	
	Sain	t Petersburg, Florida 33716 City/State and Zip Code	
	Bill. E-mail address: (Budd@RaymondJames.com to be used for future annual repo	ort notification)
For further information	concerning this matter, please ca	11:	
	K. Budd of Person		567-4820 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 enclose	□ \$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**

RJ HOF 8-79th Street L.	L.C.		
(<u>Name c</u> (A	of the Limited Liability Florida Limited Liability	Company as it now Company)	appears on our records:) 1/2009 and assigned Florida
The Articles of Organization for this Limited Li	ability Company wei	re filed on <u>06/</u>	1/2009 and assigned Florida
document number <u>L09000057232</u> .			To the second se
This amendment is submitted to amend the following	owing:		
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 des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	Not Appli	cable
(Principal office address MUST BE A STREE	TADDRESS) _		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>BOX)</u> _	Not Appli	cable
B. If amending the registered agent and/ new registered agent and/or the new registe			ir records, <u>enter the name of the</u>
Name of New Registered Agent:	Not Applicable		
New Registered Office Address:			
		Enter Florida	street address
		City	, Florida Zip Code
Now Designated Agentle Signature if should be	togistaned Agant:	City	Lip Coue
New Registered Agent's Signature. if changing R	egisteren 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

C. 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

Title Action	Name	Address	Type of
	Not Applicable		
			□ Remove
			
			Add
			Remove
			72-0
			PRemove
			544
			□ Add
			□ Remove
			Remove

This limited liability company is manager-managed.
Effective date, if other than the date of filing:
Dated November 12, 2014
Dated November 12, 2014 Signature of a member or authorized representative of a member

Page 3 of 3 Filing

Fee: \$25.00

14 NOV 24 AN IO 11
SECRETARY OF STATE
TAILBANKEES PLONDS