

L10000041087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

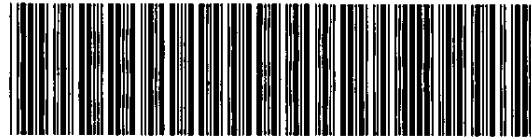
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

DEC - 3 2014

## COVER LETTER

**TO: Registration Section Division of Corporations**

**SUBJECT: Raymond James Tax Credit Fund 36 L.L.C.**

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:

William K. Budd

Name of Person

Raymond James Tax Credit Funds, Inc.

Firm/Company

880 Carillon Parkway, Dept. 05485

Address

Saint Petersburg, Florida 33716

City/State and Zip Code

Bill.Budd@RaymondJames.com

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

For further information concerning this matter, please call:

William K. Budd

Name of Person

at (727)

Area Code

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 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



**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

<u>Title Action</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
	Not Applicable		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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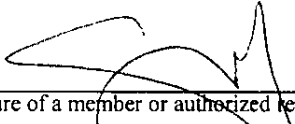
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This limited liability company is manager-managed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 12, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Steven J. Kropf, President of Raymond James Tax Credit Funds, Inc., authorized representative

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3 Filing**  
**Fee: \$25.00**

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**