## 111000034399

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(Address)
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(Audiess)
(City/State/Zip/Phone #)
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J. SAULSBERRY **EXAMINER** 

MAY 24 2011

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations			
SUBJECT:	RJ HOF 8-M/	ASON SENIOR L.L.C.		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
		William K. Budd		
	Raymono	d James Tax Credit Funds, Inc.		
		Firm/Company		
	880 Ca	arillon Parkway, Dept. 05485		
		Address		
	St. Petersburg, FL 33716			
	.27	City/State and Zip Code	ACL I	
	bill.b	udd@raymondjames.com (to be used for future annual report notification)	AR H	
For further information	s sconcerning this matter, please	• •	2011 HAY 23 PH 2: 16	
	, F		PR PR	
	/illiam K. Budd	at ( 727 ) 567-4820	FLORING TO THE STATE OF THE STA	
Name	e of Person	Area Code & Daytime Telephone Number	10x	
Enclosed is a check for	the following amount:	t		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, 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

	MASON SENIOR L.		
( <u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L11000034399	Company were filed on	03/21/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			in the second se
(Principal office address MUST BE A STREET ADDI	RESS)		100 =
			A 20 1
			23 ARY SSI
Enter new mailing address, if applicable:		<del></del>	mo p
(Mailing address MAY BE A POST OFFICE BOX)	***		ST 23
	464+8 B8		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida _	
	City		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

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> Fitle</u>	Name	<u>Address</u>	Type of Action
MGRM	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway, Dept. 05485 St. Petersburg, FL 33716	Add Remove
MGRM_	Raymond James Housing Opportunities Fund 8 L.P.	880 Carillon Parkway, Dept. 05485 St. Petersburg, FL 33716	Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
<del> </del>			Add Remove
. If amend		(s) here: (Attach additional sheets, if necessary.)	
		EE, FLORID,	
Dated	May 16 , 201	<u>11                                   </u>	

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Filing Fee: \$25.00