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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

RJ HOF 24-SILVER SPRING 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, FL 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

{.,,}727`567-4820

Name of Person

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)

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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 24-SILVER SPRIN			
(<u>Name of the Limited I</u> (A I	<u>Liability Compar</u> Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Lia Florida document number L11000100289	bility Company	were filed on 08/31/2011 and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Not applicable			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Not applicable	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		Not applicable	
(Mailing address MAY BE A POST OFFICE B	OX)		
B. If amending the registered agent and/o registered agent and/or the new registered off		fice address on our records, <u>enter the name of the new</u>	
Name of New Registered Agent:	Not applica	ble	
New Registered Office Address:	Not applica		
		Enter Florida street address	

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 familiate 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.

City

Zip Code

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>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	Add
		Dept. 05485	Remove
		St. Petersburg, FL 3371	6
MGRM	Raymond James Housing Opportunities Fund 24 L.P.	880 Carillon Parkway	✓ Add
		Dept. 05485	Remove
		St. Petersburg, FL 3371	6
			Remove
			_
			Add
			Remove
			_
			Add
			Remove
			
			Add
			Remove

- ·	enter change(s) here: (Attach additional sheets, if necessary.)
Not applicable	
	
A! O	2042
Dated April 3	2013
Signatur	of a member or authorized representative of a member
Steven J. Kropf, president of Raymand	James Tax Credit Funds, Inc., the sole member of the general partner of the sole member of the company
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00