L13000004085H

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COVER LETTER

TO:

Registration Section Division of Corporations

DΙ

RJ HOF 24- San Carlos 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<u>.</u>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)

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- San Carlos L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

,		3 1 37	
The Articles of Organization for this Limited Liability Company we		were filed on 03/19/2013	and assigned
Florida document number L13000040854	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
RJ HOF 26- San Carlos L.L.C.			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Not applicable	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not applicable	
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	nter the name of the new
New Registered Office Address:	Not applica		
Enter Florida street address			
		, Flori	da
		City	Zip Code
N D 1			

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Not applicable		Add
			Remove
			
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			_ Add
			Remove
			Add
			Remove

D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Not applicable
	Annil 2 2012
Dated _	April 3
	Signature of a member or authorized representative of a member
	Steven J. Kropf, president of Raymond James Tax Credit Funds, Inc., the managing member of the sole member of the company
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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