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COVER LETTER

TO: Registration Section
Division of Corporations

", RJ HOF 26-WESTCLIFF PINES 2 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)

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 26-WEST CLIFF I (Name of the Limite)		ony as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited L Florida document number <u>L13000065195</u>			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			
			至
			28 S
Enter new mailing address, if applicable:			ma I
(Mailing address MAY BE A POST OFFICE BOX)			2 2
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
<u> </u>		Enter Florida si	treet address
		, Flo	orida
		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>Title</u>	Name	Address	Type of Action
MGRM	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	Add
		Dept. 05485	Remove
		Saint Petersburg, FL 33716	_
MGRM	Raymond James Housing Opportunities Fund 26 L.P.	880 Carillon Parkway	Add
		Dept. 05485	Remove
		Saint Petersburg, FL 33716	
		ラップ でで でで ここ ここで	Add T
		3>. (n) (n)	Remove
			H 2:
		, <u> </u>	Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
Dated _	September 30 , 2013
	Signature of a member or authorized tepresentative of a member
	Steven J. Kropf, President of Raymond James Tax Credit Funds, Inc., the sole member of the general partner of Raymond James Housing Opportunities Fund 26 tP.
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

SECRETARY OF STATE

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