43000163959

| (R | equestor's Name) |
|-------------------------|------------------------|
| (A | ddress) |
| (A | ddress) |
| (C | ity/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (B | usiness Entity Name) |
| (D | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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COVER LETTER

| Div | ision of Corp | orations | | | | | |
|---------------|-----------------|--|--|---------------------------|---|--------|--|
| SUBJECT: | | 1-BAYTOWN SENIOR | R L.L.C. | | | | |
| SUBJECT | | Name of Limi | ted Liability Company | | | | |
| | | | | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are subr | nitted for filing. | | | | |
| Please return | n all correspon | dence concerning this matter t | to the following: | | | | |
| | | William K. Budd | | | | | |
| | | | Name of Person | | | | |
| | | Raymond James Ta | x Credit Funds, | Inc. | | | |
| | | | Firm/Company | | | | |
| | | 880 Carillon Parkwa | y, Dept. 05485 | | | | |
| | | | Address | | · | | |
| | | Saint Petersburg, FL | . 33716 | | | | |
| | | | City/State and Zip Co | ode | | 2014 | |
| | | bill.budd@raymondja | | nual report notification) | | · # . | COLUMN TO SERVICE SERV |
| For further i | nformation co | ncerning this matter, please ca | | mai report nonneation) | . 光 作 2. | 0CT 29 | |
| William k | K. Budd | | 727 at () | 567-4820 | : in - | PH P | H |
| | Name of | Person | Area Code | Daytime Telepho | one Number | 3: 01 | 1 |
| Enclosed is | a check for the | following amount: | | | , | | |
| \$25.001 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing F Certified Copy (additional copy i | / | \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo | | |

MAILING ADDRESS:

TO:

Registration Section

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 21-BAYTOWN SEN | - | | |
|--|------------------------------------|--|----------------------------------|
| (Name of the Limited (A | Liability Compa Florida Limited | ny as it now appears on our recor- Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liab Florida document number L13000163959 | ility Company | were filed on 11/22/2013 | and assigned |
| Florida document number | · | | |
| This amendment is submitted to amend the follow | ing: | | |
| A. If amending name, enter the new name of the | ne limited liab | ility company here: | |
| The new name must be distinguishable and end with the wo | rds "Limited Liab | pility Company," the designation "LI | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | NOT APPLICABLE | |
| (Principal office address MUST BE A STREET. | ADDRESS) | | |
| | | | 000 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | NOT APPLICABLE | 29 P |
| | | | ES W |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | ls, enter the name of the new |
| Name of New Registered Agent: | NOT APPL | ICABLE | |
| New Registered Office Address: | | | |
| | | Enter Florida street addre | ?SS |
| | | , F | lorida |
| | | City | Esp 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 605, 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 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</u> | Name | Address | Type of Action |
|--------------|--|----------------------------|---|
| MGR | Raymond James Tax Credit Fund XX L.L.C. | 880 Carillon Parkway | □ Add |
| | | Dept. 05485 | Remove |
| | | Saint Petersburg, FL 33716 | |
| MGR | Raymond James Housing Opportunities Fund 21 L.L.C. | 880 Carillon Parkway | ■ Add Section |
| | | Dept. 05485 | □ Remove |
| | | Saint Petersburg, FL 33716 | |
| | | | □ Add |
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| | | | Add |
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| This limited liability co | ompany is manager-managed. | |
|---|---|--|
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| | | |
| ne date this document is filed by the F | e date of filing: not be prior to date of receipt or filed date and car clorida Department of State) 2014 | optional) not be more than 90 days after |
| the date this document is filed by the F | lorida Department of State) | (optional) not be more than 90 days after |
| the date this document is filed by the Footenated June 11 | Signature of a member or authorized represent | ative of a member |
| Dated June 11 Steven J. Kropf, President | Plorida Department of State) | ative of a member |

Page 3 of 3

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