LIL 600 165547

(Re	questor's Name)	
DA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Division of	
RJPOF SUBJECT:	II L.L.C.
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	William K. Budd
	Name of Person
	Raymond James Tax Credit Funds, Inc.
	Firm/Company
	880 Carillon Parkway
	Address
	St. 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	n concerning this matter, please call:
William K. Budd	727 567-4820 at ()
Nan	ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJPOF II L.L.C.			
(<u>Name of the Limited</u> (A	Liability Comp. Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab	ility Company	were filed on September 2, 2016	and assigned
Florida document number L16000165547	······································		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited lial	pility company here:	
N/A			
The new name must be distinguishable and contain the word	s "Limited Liab	ility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A	7 20
(Principal office address MUST BE A STREET	ADDRESS)		0E0
			1 33
Enter new mailing address, if applicable:		N/A	5
(Mailing address MAY BE A POST OFFICE BOX)			<u> - 실</u> 길
			· · · · · · · · · · · · · · · · · · ·
D. If amounting the project of a second second second		66	
B. If amending the registered agent and/or registered agent and/or the new registered office			ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
1.55 Negistered Office / Idadess.		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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 Funds, Inc.	880 Carillon Parkway	□ Add
		St. Petersburg, FL 33716	■ Remove
			Change
MGR	Raymond James Multifamily Finance, Inc.	880 Carillon Parkway	□ Add
		St. Petersburg, FL 33716	□ Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			□ Change
			☐ Remove
			□ Change

N/A	
	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605
ment's effective date on the Department of State's records.	ne statutory ming requirements, this date with not be fish
ecord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
October 24 2017	
	- Λ
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Signature of a mamba or outbori	zed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00