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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:		stration Section of Corp						
SUBJEC		RJAHF 11-FW Steele Sabine Place L.L.C.						
SUBJEA	C1; _		Name of Lim	ited Liability Company				
			mendment and fee(s) are sub	·				
Please re	eturn a	ll correspon	dence concerning this matter	to the following:				
			William K. Budd			irne Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
				Name of Person		_		
Raymond James Tax Credit Funds, Inc.  Firm/Company								
				Address		_		
			St. Petersburg, FL 33710	3				
			bill.budd@raymondjames	City/State and Zip Code		_		
				to be used for future annual rep	port notification)			
For furth	er inf	ormation cor	ncerning this matter, please ca	all:				
William	K. Bu	ıdd		727 567-4	4820			
		Name of I	Person	Area Code	Daytime Telephone Numb	er		
Enclosed	d is a c	heck for the	following amount:					
□ <b>\$</b> 25.	00 Fil	ing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certific (sed) Certific	ate of Status & d Copy		
			IG ADDRESS:	STREET/O	COURIER ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJAHF 11-FW Steele Sabine Place L.L.C. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 16, 2018 and assigned Florida document number \_\_\_\_L18000095537 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	<u>Name</u>	Address	Type of Action
MGR 	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	Add
		St. Petersburg, FL 33716	■ Remove
			□ Change
MGR	Raymond James Affordable Housing Fund 11 L.L.C.	880 Carillon Parkway	Add
		St. Petersburg, FL 33716	Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00