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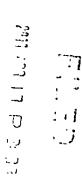
·/Pa	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Sec vision of Corp					
		VALLEY SPRINGS COTTAG	ES L.L.C.			
SUBJECT:		Name of Limit	ed Liability Company			
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please retur	n all correspor	idence concerning this matter to	o the following:			
		William K. Budd				
			Name of Person			
		Raymond James Tax Credit	Funds, Inc.			
			Firm/Company			
		880 Carillon Parkway, Dep	1. 05485			
			Address			
		St. Petersburg, FL 33716				
			City/State and Zip Code			
		bill.budd@raymondjames.co			13	
		E-mail address: (t	o be used for future annual report notific	cation)		*******
For further	information co	oncerning this matter, please ca	H:		. ś 	
William K	. Budd		727 567-4820		 	: : : [
_	Name o	f Person	Area Code Daytime	Telephone Number	رن ري آن	
Enclosed i	s a check for th	ne 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 Certificate (Certified Co (additional cop	of Status & opy	

MAILING ADDRESS:

TO:

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

RJAHF 11- VALLEY SPRINGS C			
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited L	iability Company	were filed on April 16, 2018	and assigned
orida document number L18000095605	_ _ .		
is amendment is submitted to amend the following	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
JAHF 11-BAXTER HOUSING PARTNERS L.I			
e new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable:		N/A	
Sailing address MAY BE A POST OFFICE	BOX)		
			
. If amending the registered agent and egistered agent and/or the new registered o	or registered of ffice address her	office address on our records, <u>ent</u> re:	er the name of the
Name of New Registered Agent:			.)
New Registered Office Address:		Enter Florida street address	مبد، <u></u>
		Florida	
		City	Zip Code
'ou Davictored Agent's Signature if changing	Registered Agent	:	ب

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>	<u>Name</u>	Address	Type of Action
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effective date is list	ed, the date must be speci crted in this block does	tic and cannot be prior not meet the applic	to date of filing or i able statutory fili	nore man 90 days an ng requirements, tl	his date will no	ot be listed
ument's effective	date on the Departmer	nt of State's records				
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he 90th day a	fter the record is f	ïled.				
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Filing Fee: \$25.00