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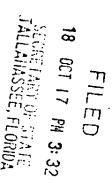
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COVER LETTER

TO: Registratio Division of	n Section Corporations				
RJAHF SUBJECT:	11- Baxter Housing Partners L.L.	C.			
SUBJECT.	Name of Lim	nited Liability Company			
	s of Amendment and fee(s) are sub espondence concerning this matter	_			
	William K. Budd				
	Raymond James Tax Cred	Name of Person lit Funds, Inc.			
	880 Carillon Parkway	Firm/Company		18 0 SECRE TALLA	
	St. Petersburg, FL 33716	Address		CT 17 F	FILE
	bill.budd@raymondjames.c	City/State and Zip Code com to be used for future annual report notifi	cation	PM 3: 32 FISTATE FLORIDA	
For further informati	on concerning this matter, please c		cationy		
William K. Budd		727 567-4820 at ()			
Na	me of Person		Telephone Number		
Enclosed is a check f	for the following amount:				
□ \$25.00 Filing Fo	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
M	AILING ADDRESS:	STREET/COURIE	ER ADDRESS:		

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJAHF 11- Baxter Housing Partners 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 _____L18000095605 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above viation "LLC. N/A 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 , Florida Citv

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>	<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	7 A C Remove
			FILE D
			FLORIDA FLORIDA
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
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estive date if other than the d	ate of filing.	(ont	sianal)
ective date, if other than the date reflective date is listed, the date must be	e specific and cannot be prior to date of	of filing or more than 90 days after	er filing.) Pursuant to 605.02
te: If the date inserted in this bloc cument's effective date on the Dep		tutory filing requirements, th	as date will not be listed
record specifies a delayed e		ffective time, at 12:01	a.m. on the earlier
he 90th day after the recor	d is filed.		
September 26	2018		
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	W		

Typed or printed name of signee

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Filing Fee: \$25.00