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COVER LETTER

TO: Registration Section Division of Corporations RJAHF 12-Slaton Housing Partners L.L.C. Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: William K. Budd Name of Person Raymond James Tax Credit Funds, Inc. Firm/Company 880 Carillon Parkway, Dept. 05485 Address Saint 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 concerning this matter, please call: William K. Budd Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee S55 Filing Fee & S60 Filing Fee, S30 Filing Fee &

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CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The name of the limited liability c	ompany is: RJAHF 12-	Slaton Housing Partne	rs L.L.C.	
SECO.	<u>)</u> : Document to be corrected	1 18:	company is: L18000238 In for Florida limited liability comp	pany	
X	Contains an incorrect statement. statement are as follows: The name of the limited liability com The correct name of the	pany was incorrectly entered	as RJAHF 12-Slaton Housing Partne	ers L.L.C.	
•	The Articles of Organization should			 	
	OR Was defectively signed. The man as follows:	ner in which the document v	vas defectively signed and the app	ropriate correction is SECRETARY OF STATE AND STATE. FLORID	are
	OR The electronic transmission of the	record was defective // A	/	: 34 ATE ATE	
New R I herek provisi obligat reflect	Signature of Authorized William K. Budd. Authorized agent, if applied ing the designation). Signature of Authorized agent, if applied ing the designation. Signature, if charge accept the appointment as register as a change in the registered office address a change in the registered office address.	d Representative porized Representative cable: (NOTE: if correcting paging Registered Agent: pred agent and agree to act is act oper and complete performation as provided for in Chapter and complete formation as provided for in Chapter and complete formatical as provided for in Chapter and Cha	n this capacity. I further agree to c nce of my duties, and I am familia ter 605, F.S. Or, if this document i	stered agent must sig comply with the r with and accept th is being filed to mero	ie elv
of this	change. 				
		Registered Agent's Filing Fee: Certified Copy:	Signature \$25.00 \$30.00 (optional)		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: __RJAHF 12-Slaton Housing Partners L.L.C. The Florida Document number of the limited liability company is: L18000238673 SECOND: Document to be corrected is:_____ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name of the limited liability company was incorrectly entered as RJAHF 12-Slaton Housing Partners L.L.C. The correct name of the entity is RJAHF 11-Slaton Housing Partners L.L.C. The Articles of Organization should reflect the name of the entity as RJAHF 11-Slaton Housing Partners L.L.C. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR П The electronic transmission of the record was defective October 17, 2018 Signature of Authorized Representative Date William K. Budd, Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)