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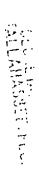
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| Certified Copies Certificates of Status |  |  |  |  |  |
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#### **COVER LETTER**

| TO:  | Registration Se<br>Division of Cor   |  |   |   |  |  |
|--|--------------------------------------|--|---|---|--|--|
| CI III   | RJAHF 11-                            | Clyde Housing Partners L.L.C                 | ·<br>·  |   |  |  |
| SUBJECT:  Name of Limited Liability Company        |                                      |  |   |   |  |  |
| The e  | nclosed Articles of                  | Amendment and fee(s) are sub                 | omitted for filing.   |   |  |  |
| Please   | e return all correspo                | ndence concerning this matter                | to the following:   |   |  |  |
|  |                                      | William K. Budd                              |   |   |  |  |
|  |                                      | <del></del>                                  | Name of Person  | <del></del>   |  |  |
|  | 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 notif                           | ication)  |  |  |
| For fu   | irther information c                 | oncerning this matter, please c              | all:  |   |  |  |
| Willia   | am K. Budd                           |  | 727 567-4820<br>at ()   |   |  |  |
| Name of Person                                     |                                      |  | Area Code Daytime   | : Telephone Number  |  |  |
| Enclo  | sed is a check for th                | ne following amount:                         |   |   |  |  |
| □ \$2  | 25.00 Filing Fec                     | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

RJAHF 11-Clyde Housing Partners

(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 October 9, 2018 and assigne Florida document number L18000238681 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RJAHF 12-Clyde Housing Partners L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C 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 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 \_

#### 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liable company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered As

City

### or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address     | Type of Act                                 |
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| Effective date, if other than                           | the date of filing:  | (optional)                            |
| Note: If the date inserted in the                       | e must be specific and cannot be prior to date of filing or mo<br>is block does not meet the applicable statutory filing<br>the Department of State's records. |                                       |
| the record specifies a dela<br>) The 90th day after the | eyed effective date, but not an effective til<br>record is filed.  | me, at 12:01 a.m. on the earli        |
| Dated February 21                                       | 2019   |                                       |
|   | , W  |                                       |
| <u> </u>  | Signature of a member of authorized representative of  | of a member                           |
| Steven J. Kropf, the P<br>Credit Fund XX L.L.C.         | resident of Raymon's James Tax Credit Runds. Inc , the Mar<br>, the Manager of RJAHF-12-Clyde Hedsing Partners L.L.C.  | naging Member of Raymond James Tax    |
|   | Typed or printed name of signee  |                                       |

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Filing Fee: \$25.00