

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

	gistration Sec vision of Corp				
CUBIECT.		lyde Housing Partners L.L.C.			
SUBJECT:		Name of Limit	ed Liability Company		
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	n all correspon	dence concerning this matter t	o the following:		
		William K. Budd			
		Raymond James Tax Credit	Name of Person Funds, Inc.		
		880 Carillon Parkway	Firm/Company		
		St. Petersburg, FL 33716	Address		
		bill.budd@raymondjames.co	City/State and Zip Code		
		E-mail address: (to	be used for future annual re	eport notification)	
For further i	information co	ncerning this matter, please ca	ll:		
William K.			at ()	-4820	
	Name of	Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 St. 26 Lii 10: 22

RJAHF 12-Clyde 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 October	· 9, 2018 and assigned
Florida document number L18000238681	company were fred on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the nev
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida si	reet address
		, Florida
	City	Zip Code

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>	<u>Address</u>	Type of Action
MGR	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	D Add
		St. Petersburg, FL 33716	■ Remove
			□ Change
MGR	Raymond James Affordable Housing Fund 12 L.L.C.	880 Carillon Parkway	■ Add
		St. Petersburg, FL 33716	Remove
			☐ Change
		 -	Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change

				
				
				
				
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				 _
Effective date, if other than the	date of filing		(a-dama)	
If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prock does not meet the app	ior to date of filing or more licable statutory filing r	(optional) than 90 days after filing.) F equirements, this date w	ursuant to 605.0207
ne record specifies a delayed The 90th day after the rec	l effective date, but r ord is filed.	not an effective tim	ne, at 12:01 a.m. or	the earlier of
September 17	2019			
	,	$\overline{}$		
	\sim	thorized representative of		

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Typed or printed name of signee

Filing Fee: \$25.00