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COVER LETTER

		stration Section of Corpo		d .			
SUBJEC		U MT Raleig	h Abbington Square L.L.C.				
ловинс.			Name of Limi	ted Liability Company			
The enclo	osed A	Articles of Ar	mendment and fee(s) are sub-	nitted for filing.			
Please ret	turn a	ll correspond	ence concerning this matter	o the following:			
			William K. Budd				
				Name of Person		Filing Fee, ate of Status &	
			Raymond James Tax Credi	Funds, Inc.			
				Firm/Company			
			880 Carillon Parkway				
				Address	 		
			St. Petersburg, FL 33716				
				City/State and Zip Code			
			bill.budd@raymondjames.co				.1
			E-mail address: (t	o be used for future annual report notifica	tion)	20	151
For furth	er inf	ormation con	cerning this matter, please ca	dl:			CH.
William	K. B	udd		727 567-4820 at ()		9	30 4 436 436
		Name of P	erson	Area Code Daytime To	elephone Number	PH 나 0	
Enclosed	lisa	check for the	following amount:			យ	9.43 E.
□ \$25.6	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	tus &	J .

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RJ MT Raleigh Abbington Square 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 June 20, 2019 and assigned Florida document number L19000163276 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 the new registered agent and/or the new registered office address here:

 NI/Δ

	City	Zip Code
New Registered Office Address:	Enter Florida street	address
New Registered Office Address		
The of the house of the house		
Name of New Registered Agent:	14/71	

New Registered Agent's Signature, if changing Registered Agent:

N/A

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>	Name	Address	Type of Action
MGR	RJHOF-53 L.L.C.	880 Carillon Parkway	□Add
		St. Petersburg, FL 33716	≣Remove
			Change
MGR	RJTCF-46 L.L.C.		= Add
			□Remove
			Change
			Remove
			Change
			□Add
			□Remove
		 -	Change
			CRemove
			□ Change
			□ Add
			□Remove
			□Change

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i ef: <u>te:</u>	fective date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ted	March 25 , 2020
	Signature of a member or authorized representative of a member
	Steven J. Kropf, the President of Raymond James Tax Credit Funds, Inc., the Manager of RJTCF-46 L.L.C.

Filing Fee: \$25.00