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## **COVER LETTER**

TO:

	gistration Sec vision of Corp				
are man		ranics L.L.C.			
SUBJECT:	CT:Name of Limited Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please retur	n all correspor	ndence concerning this matter t	to the following:		
		Justin Mayor		_	
			Name of Person	<del></del>	
		Raymond James Affordable	e Housing Investments, I	nc.	
		-	Firm/Company	<u> </u>	
		880 Carillon Parkway			
		A117	Address		<del></del>
		St. Petersburg, FL 33716			
			City/State and Zip Code		:
		justin,mayor@raymondjamo			<u>.                                    </u>
		E-mail address: (	to be used for future annual	report notification	)
For further	information c	oncerning this matter, please ca	all:		
Justin May	or			7-3162	
	Name o	f Person	at () Area Code	Daytime Telep	hone Number
Enclosed is	s a check for th	ne following amount:			
\$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street A Regist	Address: ration Section	
		Corporations	Divisio	on of Corporat	
P	.O. Box 632	27		entre of Tallah	
T	allahassee,	FL 32314	2415 0	N. Monroe Stre	cci, suite o iv

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ MT St. Frances L.L.C.			
(Name of the Limi	ted Liability Comp (A Florida Limited	nany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited L. Florida document number L23000342593		y were filed on July 19,	2023 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	<del>-</del>	
Enter new mailing address, if applicable:		N/A	,,,,
(Mailing address MAY BE A POST OFFICE	er new mailing address, if applicable: <u>uiling address MAY BE A POST OFFICE BOX)</u>		
			<u> </u>
			·
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offic ess <u>here</u> :	e address on our recor	ds, enter the name of the new register
			• 3
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:		Enter Florida st	reet address
		•	P. 14
	<u>-</u>	City	, Florida 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 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	RJTCF-52 L.L.C.	880 Carillon Parkway	<b>=</b> Add
		St. Petersburg, FL 33716	□Remove
			□Change
			□Add
			Remove
			Change
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N/A						
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te: If the date inserted in this blument's effective date on the D	ock does not meet to enartment of State'	the applicable sta s records.	tutory filing req	uirements, this	date will not be	HSICO
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s filed.	e date, but not an e	nective diffe, at	12.01 a.nr. on a	c currer or. (o)	7110 7 5111 227	
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October 30	20	)23				
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	Signature of a memi	er or authorized r	epreventative of a	member	·	_

Filing Fee: \$25.00