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S. HAWKES

DEU - 8 2009

EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	RJ HOF-8 N	Midtown Lofts L.L.C.			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	William Budd				
		Name of Person	. 		
Raymond James Tax Credit Funds, Inc.					
		Firm/Company			
	880 Ca	arillon Parkway, Dept. 05485			
Address					
	St	. Petersburg, FL 33716			
	City/State and Zip Code				
	bill.bu	udd@raymondjames.com to be used for future annual report notific			
For further information	concerning this matter, please		zation)		
William Budd		at (727_)			
Name	of Person	Area Code & Daytime	Telephone 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

,ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ HOF	8-MIDTOWN LOFTS L	L.C.	
(<u>Name of the Limited I</u> (A I	Liability Company as if now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	10/27/2009	and assigned
Florida document numberL090001040	<u>)19 </u>		
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follow.		<u>7</u> r <u>e</u> :	LC or one aboreviation
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LC or the above viation
Enter new principal offices address, if applical	ble:		95
(Principal office address MUST BE A STREET	ADDRESS)		7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered offi	r registered office address on	our records, <u>enter t</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		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 608, 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

1.

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Title Type of Action Name Address Raymond James Housing Opportunities Fund 8 L.P. **MGRM** 880 Carillon Parkway, Dept. 05485 ☐ Add St. Petersburg, FL 33716 Remove Raymond James Tax Credit Fund XX L.L.C. MGRM 880 Carillon Parkway, Dept. 05485 ✓ Add Remove St. Petersburg, FL 33716 ∏Add Remove \square Add □Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 1 2009 Dated_ Signature of a member or authorized representative of a member Steve Kropf, Executive Vice President of Raymond James Tax Credit Funds, Inc., the managing member of Raymond James Tax Credit Funds XX L.L.C.

Page 2 of 2

Filing Fee: \$25.00