## 4400000029064

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M. MILLIGAN EXAMINER

DEC -3 2014

## **COVER LETTER**

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TO: Registration Se Corporations	ection Division of	•	
, ,			Ÿ
SUBJECT: Value Par	tners- Florida L.L.C.		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing. Please retu	rn all correspondence concerning this
matter to the following:			
	Willi	iam K. Budd	
		Name of Person	
	Rayr	nond James Tax Credit Funds, Inc	<u> </u>
		Firm/Company	
	880	Carillon Parkway, Dept. 05485	
		Address	
	Sain	t Petersburg, Florida 33716	
	D.W.	City/State and Zip Code	2
	E-mail address: (	Budd@RaymondJames.com to be used for future annual rep	port notification)
For further information of	oncerning this matter, please ca	11:	
William k	C. Budd	at (727)	567-4820
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
⊠\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

ORGANIZATI	ON OF A
Value Partners- Florida L.L.C.	The Market Comment of the Comment of
( <u>Name of the Limited Liability</u> (A Florida Limited Liability	Company as it now appears on our records by Company)  are filed on 03/15/2010 and assigned Fronda
The Articles of Organization for this Limited Liability Company we	ere filed on 03/15/2010 and assigned Florida
document number <u>L10000029064</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Not Applicable
(Principal office address MUST BE A STREET ADDRESS)	
•	
Enter new mailing address, if applicable:	Not Applicable
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office new registered agent and/or the new registered office address I  Name of New Registered Agent:  Not Applicable	
New Registered Office Address:	Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

MGR = AMBR =	Manager Authorized Member		
Title Action	Name	Address	Type of
	Not Applicable		Add
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			☐ Remove

This limited liability company is manager-managed.	_
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E. Effective date, if other than the date of filing:(optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	•
	**************************************
this document is filed by the Florida Department of State)	1415
	1415

Page 3 of 3 Filing

Fee: \$25.00

