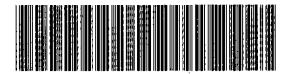
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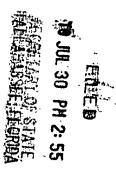
(Requestor's Name)
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S. HAWKES

AUG 2 - 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO: .

CUDIECT.	RITCE PAI	.M GARDENS L.L.C.			
Name of Limited Liability Company					
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.			
Please return all	correspondence concerning this matte	er to the following:			
		William K. Budd			
		Name of Person			
	Raymono	d James Tax Credit Funds, Inc.			
		Firm/Company			
	880 Ca	arillon Parkway, Dept. 05485			
		Address			
	S	t. Petersburg, FL 33716			
		City/State and Zip Code			
		udd@raymondjames.com			
43	E-mail address:	(to be used for future annual report notification)			
For further infor	mation concerning this matter, please	call:			
•	William K. Budd	at (727) 567-4820			
• •	Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a che	eck for the following amount:				
\$25.00 Filing	SFee . []\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &			
	MAILING ADDRESS:	STREET/COURIER ADDRESS:			
in gaptinen	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJTCF PALM GARDENS 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			10 and assigned
Florida document number L10000067595			
This amendment is submitted to amend the following	g:	÷	38
A. If amending name, enter the new name of the	limited liability company	here:	3
·		·	S. S.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	mpany," the designa	ition "LLC" the abbreviatio
Enter new principal offices address, if applicable:	. · · <u> </u>		. **
(Principal office address MUST BE A STREET AD	DDRESS)		
•	·	•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
ant of the		•.	
	•	-	
B. If amending the registered agent and/or re		on our records, <u>e</u>	nter the name of the nev
registered agent and/or the new registered office a	idaress nere:	. •	•
N CN D			
Name of New Registered Agent:			·
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		;
·		Enter Florida street address	
		, Flori	
-	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 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 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: MGR = Manager MGRM = Managing Member **Title** Name 1 <u>Address</u> **Type of Action** Raymond James Tax Credit Funds, Inc. **MGRM** 880 Carillon Parkway ☐ Add Remove Dept_05485 St. Petersburg, Florida 33716 MGR Raymond James Tax Credit Funds, Inc. 880 Carillon Parkway ✓ Add Dept. 05485 Remove St. Petersburg, Florida 33716 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The Company is managed by a manager not by a managing member. As of June 23, 2010, the manager of the Company is Raymond James Tax Credit Funds, Inc. July 9 2010 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Steve Kropf, Executive Vice President

Filing Fee: \$25.00