## L10000104937

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



500266861265

11/25/14--01008--001 \*\*2975.00



M. MILLIGAN EXAMINER

DEC - 3 2014

## **COVER LETTER**

	Registratio Corporatio	n Section Division of ns		••
SUBJEC	CT: <u>Raymo</u>	ond James Housing Opportun Name of	ities Fund 19 L.L.C. Limited Liability Company	
The encl	osed Article	s of Amendment and fee(s) are s	submitted for filing. Please ref	urn all correspondence concerning this
matter to	the followir	ng:		
			William K, Budd	
			Name of Person	
			Raymond James Tax Credit Funds, le Firm/Company	nc
			880 Carillon Parkway, Dept. 0548:	<u> </u>
			Saint Petersburg, Florida 33716  City/State and Zip Co	de
		F-mail addre	Bill.Budd@RaymondJames.com	enort notification)
For furth	ner informati	on concerning this matter, pleas		open nouncanon)
		nm K. Budd me of Person	at (727) Area Code	567-4820 Daytime Telephone Number
Enclosed	d is a check t	for the following amount:		
	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Statu	<del>-</del>	Certificate of Status &

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



Raymond James Housing Opportunities Fund 19 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 10/07/2010 and assigned Florida document number L10000104937.

This amendment is submitted to amend the following:

A.	If amending	name, enter the new name of the limited liability company he	re:

kinter new principal attices address lit applic	cahle•	Not Applicable
Enter new principal offices address, if applic	<del></del>	110t Applicable
(Principal office address MUST BE A STREE	ET ADDRESS)	
	<del></del> -	
Enter new mailing address, if applicable:		Not Applicable
(Mailing address MAY BE A POST OFFICE	BOX)	
new registered agent and/or the new registe	ered office address her	address on our records, enter the name of the
new registered agent and/or the new registe	ered office address her	
new registered agent and/or the new registered Name of New Registered Agent:	ered office address her	
new registered agent and/or the new registered  Name of New Registered Agent:	ered office address her	<b>e:</b>

## 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title Action	Name	<u>Address</u>	Type of
	Not Applicable		Add
			□ Remov
			Add
			Remov
		<del></del>	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
			Remove
		<del> </del>	Add
			Remove
			Add
		-	□ Remove

This limited liability company is manager-managed.	
	<del>- · ·</del>
	<del></del>
(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 this document is filed by the Florida Department of State)	date
(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)	ويعد
(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 this document is filed by the Florida Department of State)	ويعد

Page 3 of 3 Filing

Fee: \$25.00

