L10000122708

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M. MILLIGAN EXAMINER

DEC -3 2014

COVER LETTER

Corporati	ons		
SUBJECT: Raym	ond James Housing Opportunitie	s Fund 18 L.L.C.	
	Name of Lim	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are subr	mitted for filing, Please return	all correspondence concerning this
matter to the following	ing:		
	Will	liam K. Budd	
		Name of Person	
	Ray	mond James Tax Credit Funds, Inc.	
		Firm/Company	
	880	Carillon Parkway, Dept. 05485	
		Address	
	Sair	nt Petersburg, Florida 33716	
		City/State and Zip Code	
	Bill E mail address.	l.Budd@RaymondJames.com (to be used for future annual report	notification)
			. notification)
For further informat	tion concerning this matter, please ca	all:	
	iam K. Budd lame of Person		67-4820 aytime Telephone Number
Enclosed is a check	for the following amount:		
⊠\$25.00 Filing Fee	e \$\Bigcup \$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:

TO:

Registration Section Division of

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

pears on our records:

Raymond James Housing Opportunities Fund 18 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 <u>11/29/2010</u> and assigned Florida document number <u>L10000122708</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the	e words "Limited Liability C	ompany," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Not Applicable	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		Not Applicable	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and new registered agent and/or the new regist	-		s, enter the name of the
Name of New Registered Agent:	Not Applicable		
New Registered Office Address:			
New Inegistered Office Address.		Enter Florida street addre	ss
		, F l	lorida
		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 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	Address	Type of
	Not Applicable		Add
			□ Remove
			Remove
			Add
			□ Remove
			TO THE PERSON OF
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			Remove
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This limited liability company is manager-managed.	
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. 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)	
	en Serge j
this document is filed by the Florida Department of State) Dated November 12, 2014	S. China
this document is filed by the Florida Department of State)	· · · · · · · · · · · · · · · · · · ·

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Fee: \$25.00

