

L10000122720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

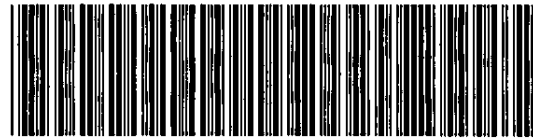
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800266861318

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

FILED
14 NOV 24 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

DEC - 3 2014

COVER LETTER

TO: Registration Section Division of
Corporations

SUBJECT: Raymond James Housing Opportunities Fund 21 L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

William K. Budd

Name of Person

Raymond James Tax Credit Funds, Inc.

Firm/Company

880 Carillon Parkway, Dept. 05485

Address

Saint Petersburg, Florida 33716

City/State and Zip Code

Bill.Budd@RaymondJames.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William K. Budd

Name of Person

at (727)

Area Code

567-4820

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

14 NOV 24 AM 10:11
FILED
RECEIVED
CLERK OF DISTRICT COURT
JANUARY 24 1964
TALLAHASSEE, FLORIDA
records
signed Florida

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILE
 14 MGR 24
 SECRETARY OF STATE
 ALABAMA
 10-11

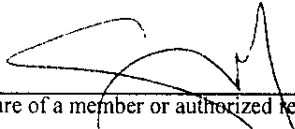
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This limited liability company is manager-managed.

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)

Dated November 12, 2014



Signature of a member or authorized representative of a member

Steven J. Kropf, President of Raymond James Tax Credit Funds, Inc., authorized representative

Typed or printed name of signee

Page 3 of 3 Filing

Fee: \$25.00

FILED
14 NOV 24 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA