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(Reque	stor's Name)
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PICK-UP	WAIT MAIL
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G. MCLEOD

APR 14 2011

**EXAMINER** 



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SEUKETARY OF STATE

### **COVER LETTER**

TO:	Registration Division of C	Section Corporations				
SUBJECT: RJ HOF 8-EVERGREEN RICHARDSON L.L.C						
		Name of Limited Liability Company				
The en	closed Articles	of Amendment and fee(s) are submitted for filing.				
Please	return all corres	spondence 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				
•		St. Petersburg, FL 33716				
		City/State and Zip Code				
		bill.budd@raymondjames.com  E-mail address: (to be used for future annual report notification)				
For fur	ther informatior	n concerning this matter, please call:				
		/illiam K. Budd at (_727 ) 567-4820				
	Name	e of Person Area Code & Daytime Telephone Number				
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	Status S				

### MAILING ADDRESS:

TO:

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ HOF 8-EVERGRE	EN RICHARDS	JN L.L.C.		
(Name of the Limited Liability Col (A Florida Limi	ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp.  Florida document numberL10000126312	oany were filed on	12/08/2010	and assig	gned
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 words "L.L.C."	Limited Liability Compan	y," the designation "	LLC" or the at	obreviation
- Enter new principal offices address, if applicable:			Ασ -	
(Principal office address MUST BE A STREET ADDRESS	<u></u>		L A	* 140-
			HASE R	Controller Controller
			SEE SEE	F-10-41
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			STAT STAT	
			Dmi မ	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ır records, <u>enter (</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street ada	!ress	
		, Florida		
	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 Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	N <u>ame</u>	Address	Type of Action
MODM	Raymond James Tax Credit Fund XX L.L.C.		
MGRM	rund XX L.L.C.	880 Carillon Parkway, Dept. 05485 St. Petersburg, FL 33716	Add Remove 
MGRM_	RJHOF-8 L.L.C.	880 Carillon Parkway, Dept. 05485 St. Petersburg, FL 33716	/ Add Remove
			Add Remove
	-2		Add
•	* .		Remove
····			Add Remove
			Add
			Remove 
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	<del></del>
			_
			<del></del>
<u>-</u>		29	_
Dated	April 6 , 20		•
	Signature of a member	r or authorized representative of a member	<del></del>
	Ronald M. Diner, Pres Funds, Inc., the sole m	sident of Raymond James Tax Credit nember of RJHOF-8 L.L.C.	

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Filing Fee: \$25.00