

## 11000123256

(Requestor's Name	e)			
(Address)				
(Address)				
(City/State/Zip/Pho	ne #)			
PICK-UP WAIT	MAIL			
(Business Entity N	ame)			
(Document Number)				
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## COVER LETTER

10: ,	Division of	a Section Corporations	``````````````````````````````````````	•	
SÚBJE	<u>,                                    </u>				
		·	nited Liability Company		
The end	closed Articles	s of Amendment and fee(s) are so	ubmitted for filing.		
Please	return all corre	espondence concerning this matter	er to the following:		
			William K. Budd		
			Name of Person		
	Raymond James Tax Credit Funds, Inc.				
			Firm/Company		
		880 C	880 Carillon Parkway, Dept. 05485		
			Address		
		S	t. Petersburg, FL 33716		
			City/State and Zip Code		
		bill.b	udd@raymondjames.com (to be used for future annual report notifica	tion)	
For fur	ther information	on concerning this matter, please	call:		
	\	William K. Budd	at ( 727 ) 50	67-4820	
	Nan	ne of Person	Area Code & Daytime T	elephone Number	
Enclose	ed is a check fo	or the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Reg Div P.O	diling Address: gistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ HOF 24-WESTHAB	22 HOUSIN	G L.L.C.		
( <u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	y as it now appear iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	10/28/2011	and assi	gned
Florida document numberL11000123256				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the at	obreviation
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:			<del></del>	
New Registered Office Address:		į.	\$ 12 <u>12 12 12 12 12 12 12 12 12 12 12 12 12 1</u>	
	En	ter Florida street addi		E.S.
	<u> </u>	, Florida	0	Person
Non-Berland Land Clarator (C.L. and Berland) Assats	City	۱ - 	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		, 2		
I hereby accept the appointment as registered agent and agre	e to act in this co	pacity. I further ag	ee to compl	y with
the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p	ete performance	of my duties, and I a	m familiar i	with and

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

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
MGRM		James Tax Credit	880 Carillon Parkway, Dept. 05485 St. Petersburg, FL 33716	Add _ ✓ Remove
MGRM_	Raymond Fund 24	James Housing Opport L.P.	unities 880 Carillon Parkway, Dept. 05485	
			St. Petersburg, FL 33716	Remove
	<del></del>			Add Remove
<del></del>				Add Remove
·		***************************************		Add Remove
				Add Remove
D. If amei	nding any oth	her information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_		·		_
_				<del>-</del> -
Dated	Mar	ch 14 , 20	012	
		Signature of a member	r or authorized representative of a member	<u>_</u>
		William K. Buad, Author	orized Representative of the Member or printed name of signee	

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Filing Fee: \$25.00