## 112000004705

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B. BOSTICK
NOV - 7 2012
EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

RJ HOF 10- El Barrio L.L.C.

**SUBJECT** 

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, FL 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

,,727<u>,</u>567-4820

Name of Person

Area Code & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ HOF 10- El Barrio L.L.C.			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com Florida document number L1200004705	pany were filed on 01/10/201	2 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
RJTCF-39 Investor L.L.C.			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter-new principal offices address, if applicable:	Not Applicable		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	SEUT N	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable	NOV -5 PM 3: 2 REPARY OF S AI AHASSEE, FLORI	
B. If amending the registered agent and/or registered registered agent and/or the new registered office addres		rds, enter the name of the new	
Name of New Registered Agent: Not Ap	plicable		
New Registered Office Address:	Enter Floric	da street address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>		

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.

NOT APPLICABLE

If Changing Registered Agent, Signature of New Registered Agent

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:

	Janaging Member		Type of Action
<u>Title</u>	Name	Address .	Type of Action
MGRM	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway, Dept. 0	5485 Add
		Saint Petersburg, FL 33	3716 <b>√</b> Remove
MGR	Raymond James Tax Credit Funds, Inc.	880 Carillon Parkway, Dept. 0	5485 🗸 Add
		Saint Petersburg, FL 33	8716 Remove
<b>.</b> -			
			Add
			Remove
	•	ge(s) here: (Attach additional sheets, if necessar s to be a manager-managed compa	
			NOV -
_			S PH
			D 1 3: 29 STAFE FLORIBA
Dated Oc	tober 30	12	
		er or authorized representative of a member	
		sident of Manager, an Authorized Repre	Semanye

Page 2 of 2 Filing Fee: \$25.00