L12000104437

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M. MILLIGAN EXAMINER

DEC - 3 2014

COVER LETTER

TO: Registration S Corporations	ection Division of		•
SUBJECT: Raymond	James California Housing Op Name of Limi	portunities Fund II L.L.C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing. Please retu	urn all correspondence concerning this
matter to the following:			
	Willi	am K. Budd	
		Name of Person	
	Rayr	nond James Tax Credit Funds, Inc Firm/Company	<u>. </u>
	880	Carillon Parkway, Dept. 05485	
		Address	
	Sain	t Petersburg, Florida 33716 City/State and Zip Cod	<u></u>
	Bill.	Budd@RaymondJames.com	
For further information	E-mail address: (i concerning this matter, please ca	to be used for future annual re	port notification)
To future mornation	oncerning inis matter, please ea		
William Name	K. Budd of Person	at (<u>727)</u> Area Code	567-4820 Daytime Telephone Number
			,
Enclosed is a check for t	he following amount:		
⊠\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$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

Raymond James California Housing Opportunities Fund II 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 document number <u>L12000104437</u>.

This amendment is submitted to amend the following:

A. J	lf amending	name, enter the	new name of	the limited	liabilit	v com	oanv	<u>here</u> :
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The new name must be distinguishable and end with the	e words "Limited Liability C	ompany," the designation "LLC" o	r 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	9		nter the name of the
New Registered Office Address:	 	Enter Florida street address	
		, Flori	da
	(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	<u>Name</u>	Address	Type of
	Not Applicable		Add
			Remove
			□ Remove
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			The Remove
			最初二
			☐ Add
			Remove
<u>.</u>			Add
			□ Remove

This limited liability	company is manager-managed.	
effective date must be specific, can	e date of filing:(optional) not be prior to date of receipt or filed date and cannot be more than 90 days after the date epartment of State)	
effective date must be specific, can s document is filed by the Florida D	not be prior to date of receipt or filed date and cannot be more than 90 days after the date	•••
	not be prior to date of receipt or filed date and cannot be more than 90 days after the date	•••

Page 3 of 3 Filing

Fee: \$25.00

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