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SECRETARY OF STATE

2012 NOV -5 PM 2: 22

FILED

J. BRYAN

NOV -6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons	·		
SUBJECT: Raymond		g Opportunities Fund 28 ited Liability Company	L.L.C.,	
The enclosed Articles of Amend	ment and fee(s) are sul	omitted for filing.		
Please return all correspondence	concerning this matter	to the following:		
	Raymond	William K. Budd Name of Person James Tax Credit Funds, Inc.	2012 NOV -5 SECRETAL TALLAHASS	
	880 Ca	Firm/Company	SET F	
	880 Carillon Parkway, Dept. 05485 Address			_
	bill.bu	nt Petersburg, FL 33716 City/State and Zip Code add@raymondjames.com to be used for future annual report notifical	STATE CORDA	
For further information concerning		·	ion}	
William K Name of Person			67-4820 elephone Number	
	wing amount: 0.00 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 AD	DDRESS:	STREET/COURIER	a ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raymond James (Name of the Limited (A	Liability Com	Opportunities F pany as it now appear ed Liability Company)	und 28 L.L.C. s on our records.)	<u>, </u>
The Articles of Organization for this Limited L. Florida document numberL12000113		any were filed on	09/04/2012	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited l	iability company her	<u>e</u> :	
Raymond Jame	s Housing	Opportunities Fun	d 28 L.L.C.	
The new name must be distinguishable and end wit "L.L.C."	h the words "L	imited Liability Compa	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		PAR 0 -
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		2		ASSECTION OF THE PROPERTY OF T
		N/A		7 2: 22 FLORID
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u> </u>
B. If amending the registered agent and/or the new registered of	fice address l		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		dress
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Age	ent:		
I hereby accept the appointment as registere the provisions of all statutes relative to the p				

If Changing Registered Agent, Signature of New Registered Agent

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 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
			Add Remove
			Addispersion T
			TAND S 2: 22
			Remove Add
D. If an	This amendment removes the comm	ge(s) here: (Attach additional sheets, if necessary.) ma following "L.L.C." empany. That comma was the result of a	Remove
	typographical error.		
Dated		er or authorized representative of a member	_
	Steve Kropf, Executive VP	of the sole member of the managing member of or printed name of signee	<u>er </u>

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Filing Fee: \$25.00