## L12000124877

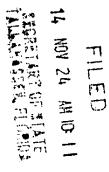
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M. MILLIGAN EXAMINER

DEC - 3 2014

## **COVER LETTER**

L,L.C.		
Name of Limi	ited Liability Company	
Amendment and fee(s) are subn	nitted for filing. Please re	eturn all correspondence concerning this
Willi		
	Name of Person	
Rayn	nond James Tax Credit Funds, I	Inc.
	Firm/Company	
880		5
	Address	
Saint		ada
Bill		oue
E-mail address: (t	to be used for future annual	report notification)
concerning this matter, please ca	II:	
	at ( <u>727</u> )	567-4820
of Person	Area Code	Daytime Telephone Number
he following amount:		
□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
	Amendment and fee(s) are subn  Will:  Rayr  880  Sain  Bill.  E-mail address: ( concerning this matter, please ca  K. Budd of Person  he following amount:  \$30.00 Filing Fee &	Name of Limited Liability Company  **Amendment and fee(s) are submitted for filing. Please re    William K. Budd

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 6 7

RJCRF1 L.L.C.	
( <u>Name of the Limited Liabilit</u> (A Florida Limited Liabil	ty Company as it now appears on our records.
The Articles of Organization for this Limited Liability Company w	ere filed on 10/01/2012 and assigned Florida
document number <u>L12000124877</u> .	7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Not Applicable
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Not Applicable
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offinew registered agent and/or the new registered office address	-
Name of New Registered Agent: Not Applicable	<b>3</b>
New Registered Office Address:	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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	Name	Address	Type of
	Not Applicable		
			Remove
			□ Add
			Remove
			<u></u>
<del></del>			□ Add
			Remove
			224 E
			24 JOAN
			□ Remove
			Remove
<del></del>			Add
			☐ Remove

This limited liability company is manager-managed.	<del></del>
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ffective date, if other than the date of filing:  (optional)  the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date document is filed by the Florida Department of State)  Fated November 12, 2014	ate

Page 3 of 3 Filing

Fee: \$25.00

TALLANASSEE, FLORIDA