# L130000 15074

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MAY 16 2013 J. BRYAN

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# RJTCF XX- TOWN CENTER L.L.C.

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\56**7-482**0

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

#### RJTCF XX- TOWN CENTER 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 Li	ability Compa	ny were filed on 0	1/29/2013	and assigned
Florida document number L13000015074			*	and assigned
This amendment is submitted to amend the follo	wing:			N IS HOLS
A. If amending name, enter the new name of	the limited li	ability company h	ere:	
N/A				5
The new name must be distinguishable and end with "L.L.C."	the words "Li	mited Liability Com	pany," the designation "L	
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)	·		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, enter t	ne name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida street address		
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agei	nt:		

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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	RAYMOND JAMES TAX CREDIT FUND XX L.L C.	880 Carillon Parkway	Add
		Dept. 05485	Remove
		Saint Petersburg, FL 33716	3
MGRM	Raymond James Tax Credit Fund 38 L.L.C.	880 Carillon Parkway	_ 🖌 Add
		Dept. 05485	Remove
		Saint Petersburg, FL 33716	5_
			Add
			Remove
			B T Add
		\$ <b>9</b> (3) (1)	Remove
			Remove
			Add
			Remove
			-
			Add
			Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	I/A ·
Dated Fe	bruary 27
	Signature of a momber or authorized representative of a member
	Steven J. Kropf, President of the sole member of the managing member of Raymond James Tax Credit Fund 38 L.L.C.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

