L1300040854

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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M. MILLIGAN EXAMINER

DEC -3 2014

COVER LETTER

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Corporations				
SUBJECT: RJ HOF 26-	San Carlos L.L.C.			
	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing. Please ret	urn all correspond	lence concerning this
matter to the following:				
-				
	WEN!			
	Willi	am K. Budd Name of Person	(2) 12	
	Raym	nond James Tax Credit Funds, In	ıc.	
		Firm/Company		
	990	Carllian Barbaran Dani 05405		
	880 (Carillon Parkway, Dept. 05485 Address		
	Saint	Petersburg, Florida 33716		
		City/State and Zip Coo	de	
	Bill.I	Budd@RaymondJames.com		
		o be used for future annual re	eport notification)	
For further information con	cerning this matter, please cal	ll:		
William V. I	1	(727)	577 4990	
William K, I Name of F		at (<u>727</u>) Area Code	567-4820 Daytime Telepho	ne 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:

TO:

Registration Section Division of

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 26- San Carlos I	L.L.C.	The to the
(<u>Name o</u> (A	of the Limited Liability (Florida Limited Liability	Company as it now appears on our records. Company) e filed on 03/19/2013 and assigned Florida
The Articles of Organization for this Limited Li	ability Company were	e filed on 03/19/2013 and assigned Florida
document number <u>L13000040854</u> .		
This amendment is submitted to amend the follo	owing:	,
A. If amending name, enter the new name of	the limited liability	company here:
The new name must be distinguishable and end with the	words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	Not Applicable
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>	
Enter new mailing address, if applicable:	_	Not Applicable
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/new registered agent and/or the new register		address on our records, enter the name of the ere:
Name of New Registered Agent:	Not Applicable	
New Registered Office Address:		
		Enter Florida street 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

Florida

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
			Add
			□ Remove
			
			
		<u></u>	2 Remove
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-			□ Add
			□ Remove
		 	
			□ Add
			□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
This limited liability company is manager-managed.	
Effective 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	
this document is filed by the Florida Department of State)	
Dated November 12, 2014	٠
	_
Signature of a member or authorized representative of a member	
Steven J. Kropf, President of Raymond James Tax Credit Funds, Inc., authorized representative	-

Page 3 of 3 Filing

Fee: \$25.00

FILED NO 24 MIGHT