## 1120005205

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## **COVER LETTER**

	ation Section of Corporations		
	HOF 26-KTOD L.L.C.		
SUBJECT:	Name of Limited Liability Company		
	icles of Amendment and fee(s) are submitted for filing.		
	William K. Budd		
	Name of Person		
	Raymond James Tax Credit Funds, Inc.		
	Firm/Company		
	880 Carillon Parkway, Dept. 05485		
	Address		
	Saint Petersburg, FL 33716	2014	
	City/State and Zip Code		
	bill.budd@raymondjames.com  E-mail address: (to be used for future annual report notification)	<i>∞</i> ~ ~	HENTERS C.
For further inform	nation concerning this matter, please call:	9 PH	
William K. Bı	udd 727 567-4820	STATE LORID	
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a che	ck for the following amount:		
□ \$25.00 Filing	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &	

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

RJ HOF 26-KTOD L.L.C.		
( <u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000065205	Company were filed on 05/03/2013	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited 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 applicable:	NOT APPLICABLE	2 <u>0</u>
(Principal office address MUST BE A STREET AD.	DRESS)	0 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	TARY OF STATE ARSSEE FLOADDA
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:	OT APPLICABLE	
New Registered Office Address:	Enter Florida street address	
	•	
_	City , Florid	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

If aftiending 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 <u>Title</u> Name. <u>Address</u> Type of Action Raymond James Housing **MGR** 880 Carillon Parkway Opportunities Fund 26 L.P. Add Saint Petersburg, FL 33716 ☐ Remove Raymond James Tax Credit 880 Carillon Parkway MGR Fund XX L.L.C. □ Add · Saint Petersburg, FL 33716 Remove □ Add ☐ Remove ARY Remeye ယှ □ Add ☐ Remove ☐ Remove

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effective date must	er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
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effective date must date this document	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
effective date must date this document	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)

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