## L13000084231

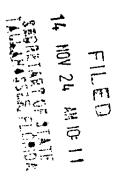
(Requestor's Name)	
(Address)	
(Address)	
· ·	
(City/State/Zip/Phone #)	
(611)/621.62.15/1 116/16 11)	
PICK-UP WAIT N	/AIL
, — — —	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Fining Officer.	





100266862111

11/25/14--01008--001 \*\*2975.00



M. MILLIGAN EXAMINER

DEC -3 2014

## **COVER LETTER**

то:		istration Sec porations	tion Division of		7	
SUBJE	ECT:	Raymond J	ames Housing Opportunitie	s Fund 31 L.L.C.		
			Name of Lim	nited Liability Company		
The end	closed	Articles of A	mendment and fee(s) are subr	mitted for filing. Please ret	turn all corresp	oondence concerning this
matter	to the	following:				
			Will	liam K. Budd		
				Name of Person		
			Rayı	mond James Tax Credit Funds, Ir	ne	
				Firm/Company		
			880	Carillon Parkway, Dept. 05485	5	
				Address		
			Sain	nt Petersburg, Florida 33716		
				City/State and Zip Co	de	
			E-mail address: (	.Budd@RaymondJames.com to be used for future annual re	port notification	n)
For fur	ther in	formation co	ncerning this matter, please ca	ıll:		
	<u> </u>	William K. Name of		at (727) Area Code	567-4820	ephone Number
		Name of	reison	Area Code	Daytime Tele	sprione Number
Enclose	ed is a	check for the	e following amount:			
⊠\$25.	00 Fil	ing 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

Raymond James Housing Opportunities Fund 31 L.L.C.

The state of the s (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 Liability Company were filed on 06/11/2013 and assigned Florida document number L13000084231.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the	e words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Not Applicable
(Principal office address MUST BE A STRE	ET ADDRESS)	
	_	
Enter new mailing address, if applicable:	_	Not Applicable
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
B. If amending the registered agent and new registered agent and/or the new regist		address on our records, enter the name of the
Name of New Registered Agent:	Not Applicable	
New Registered Office Address:		
Aragistated Office Hadress.	<del></del>	Enter Florida street address
		, Florida
		City Zin Coda

## 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

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		
			Add
			□ Remov
<del></del>			Add
			□ Remov
			<del></del>
<del></del>			Add
			Remove
			Romove
			Add Add
<del></del>			Add Add
			□ Remove
<del></del> -			
			□ Remove

. If amending any other information, enter change(s) here: (Attach additional additional and additional additi	tional sheets, if necessary.)
This limited liability company is manager-managed.	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot this document is filed by the Florida Department of State)	(optional) t be more than 90 days after the date
(The effective date must be specific, cannot be prior to date of receipt or filed date and canno	(optional) t be more than 90 days after the date
(The effective date must be specific, cannot be prior to date of receipt or filed date and canno this document is filed by the Florida Department of State)	t be more than 90 days after the date
(The effective date must be specific, cannot be prior to date of receipt or filed date and canno this document is filed by the Florida Department of State)	t be more than 90 days after the date
this document is filed by the Florida Department of State)  Dated November 12, 2014	ve of a member  Funds, Inc., authorized representative

Page 3 of 3 Filing

Fee: \$25.00

14 NOV 24 AN IO 11
ALEMANTE ELOPINA