## L130001347719

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

RJ HOF 26-STEP UP ON COLORADO 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<sub>\</sub>567-4820

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

## RJ HOF 26-STEP UP ON COLORADO 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 Liability Compan	and assigned	
Florida document number L13000134779		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
RJ HOF 26-280 EAST BURNSIDE L.L.C.		
The new name must be distinguishable and end with the words "Lir L.L.C."	nited Liability Company," the designa	•
Enter new principal offices address, if applicable:	N/A	ZOLO CC SECRE
(Principal office address MUST BE A STREET ADDRESS)		101 1
		2 Y 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		10 to 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	, Flor	rida
<del></del>	City	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 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 Changing Registered Agent, Signature of New Registered Agent

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> <u>Name</u> <u>Address</u> Type of Action **NOT APPLICABLE** Remove Remove Remove Remove