L14000176522

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COVER LETTER

	RJNYHO)F II INVESTOR L.L.C.		
SUBJECT:			ited Liability Company	
T				
		Amendment and fee(s) are sub		
Please return	all correspo	ndence concerning this matter	to the following:	
		William K. Budd		
			Name of Person	
		Raymond James Ta	x Credit Funds, Inc.	
			Firm/Company	
		880 Carillon Parkwa	y, Dept. 05485	
			Address	
		Saint Petersburg, F	L 33716	
			City/State and Zip Code	
		bill.budd@raymondja		
		E-mail address: (to be used for future annual report notific	eation)
For further in	nformation co	oncerning this matter, please c	all:	
William K	. Budd		727 567-4820	
Name of Person		Person	at ()	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	MAILI	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJNYHOF II INVESTOR L.L.C.	•			
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 11/13/2014		and assigned		
Florida document number L14000176522	·			
This amendment is submitted to amend the following	g;			
A. If amending name, enter the new name of the	limited liability company here:			
RJCHOF IV INVESTOR L.L.C.				
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the abl	previation "L,L,C."		
Enter new principal offices address, if applicable:	Not applicable	<u> </u>		
(Principal office address MUST BE A STREET AD	ODRESS)			
		\$ C		
		SSE 8		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
Induning dudiess MAT BE A POST OFFICE BOA				
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the	ne name of the nev		
Name of New Registered Agent: No	ot applicable			
New Registered Office Address:				
	Enter Florida street address			
	. Florida			
_	City , Florida	Zip Code		
New Registered Agent's Signature, if changing Regist	ered Agent:			

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 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`= Ma AMBR = Al	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		Not applicable	Add
			☐ Remove
			Add
			Remove ALCAL
			SS T 49
			OF STATE
			Remove
			Add
			□ Remove
			☐ Remove

D.		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	1	Not applicable	_		
٠	_		_		
	_		_		
			_		
E. (Effection of the Effect	ve date, if other than the date of filing: (optional) ctive 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 _	December 2 2014 2014			
				_	
		Signature of a member or authorized representative of a member			
		Steven J. Kropf, President of Raymond James Tax Credit Funds, Inc., Man Typed or printed name of signee	ager	_	
		5	N.	<u></u>	
		, ,	ECR >A	10 1	COLUMN TO SERVICE SERV
		ਸ਼ੇ ਦੇ ਜ਼ਿਲ੍ਹੇ ਦੇ ਜ਼ਿ	ZZ ZM	- 330	ACCUPANT .
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Filing Fee: \$25.00