L15000134822

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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			
	4-501 NORTH LAMB L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	,,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	William K. Budd		
		Name of Person	
	Raymond James Tax Cred	it Funds, Inc.	
		Firm/Company	
	880 Carillon Parkway, Dep	ot. 05485	
		Address	
	Saint Petersburg, FL 3371	5	
		City/State and Zip Code	
	bill.budd@raymondjames.c		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
William K. Budd		727 567-4820 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 34-501 NORTH LAMB 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 Company were filed on $\frac{08/07/2015}{1}$ and assigned Florida document number L15000134822 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RJ HOF 34-NORTH LAMB L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Remove
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record specifies a delayed	effective o	date, t	out not	an effec	tive tin	ne, at 1	2:01 a	.m. or	the e	arlier	of:
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ated June 28		2016	6								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00