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COVER LETTER

Division of Co	rporations							
RJCHOF V	V INVESTOR L.L.C.							
	Name of Lir	nited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.						
Please return all correspondence	ondence concerning this matter	r to the following:						
	William K. Budd							
		Name of Person						
	Raymond James Tax Cred	tit Funds, Inc.						
	Firm/Company							
	880 Carillon Parkway; De	pt. 05485						
		Address						
	Saint Petersburg, FL 3371	6						
		City/State and Zip Code						
	bill.budd@raymondjames.c	com to be used for future annual report notifi						
For further information c	oncerning this matter, please c		cation)					
William K. Budd		727 567-4820						
Name of	f Person		Telephone Number					
Enclosed is a check for th	te following amount:							
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

TO: Registration Section

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJCHOF V INVESTOR L.L.C.			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	·········
The Articles of Organization for this Limited Liability Compa Florida document number L16000004718	any were filed on Janu	uary 06, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>·e</u> :	
RJCHOF INVESTOR L.L.C.			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		-
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		20
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			720
Enter new mailing address, if applicable:	N/A		📚 ंग
(Mailing address MAY BE A POST OFFICE BOX)		S- <u>S-</u>	ë O
		57	27
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our rec	cords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent: N/A		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	
	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 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		
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			□ Remove
			Change
			□Add
			□Remove
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ctive date, if other than the date of filing:				(opt	ional)	
effective date is listed, the date must be specific and cannot :: If the date inserted in this block does not meet the	be prior to d e applicable	ate of filing or statutory fil	more than 9	n daws after	er filin) Due	ant to 605.
iment's effective date on the Department of State's t	records.				is dat	c will i	or oc liste
ord specifies a delayed effective date, but not an effe filed.	ective time,	at 12:01 a.m	n. on the ea	rlier of: (b) T	he 90th	day after
med.							
February 12 2020	ס						
u	·	/					
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2-3/3	M						
Signature of a member	or authorize	d representati	ve of a mem	ber		- · v	<u> </u>

Filing Fee: \$25.00