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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		-Linwood Lafayette L.L.C.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	n all correspo	ndence concerning this matter	to the following:	
٠		William K. Budd		
			Name of Person	
		Raymond James Tax Credi	t Funds, Inc.	
			Firm/Company	
		880 Carillon Parkway		
			Address	
		St. Petersburg, FL 33716		
			City/State and Zip Code	
		bill.budd@raymondjames.co		
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
William K.	Budd		727 567-4820 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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 42-Linwood Lafayette L.L.C.			
(Name of the Limited (A	Liability Comp Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab	ility Company	were filed on September 14, 2017	and assigned
Florida document number L17000191939	··································		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	ne limited lial	pility company here:	
N/A .			
The new name must be distinguishable and contain the word	ts "Limited Liab	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A	
(Principal office address MUST BE A STREET)	ADDRESS)		d TASE
			F CRE
		N/A	TAR: HASS
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
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B. If amending the registered agent and/or registered agent and/or the new registered offic			the name of the new
registered agent under the new registered offic	e addi ess nei	<u>.</u>	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	
		St. Petersburg, FL 33716	Remove
			☐ Change
MGR	Raymond James Housing Opportunities Fund 42 L.P.	880 Carillon Parkway	
		St. Petersburg, FL 33716	□ Remove
	 -	Change	
			Add
			□ Remove
			Change
<u></u>			
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove

	N/A	
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ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.		<u> </u>
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. For dispersion of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.		· · · · · · · · · · · · · · · · · · ·
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December 21 , 2017	90th day after the record is filed.	enective time, at 12.01 a.m. on the earner
December 21 , 2017		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ HOF 42-Linwood Lafayette L.L.C.		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on September 14, 2017	and assigned
Florida document number L17000191939		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	-
		<u> </u>
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF STATE 18 FEB - 2 AM 1:55 ter the name of the new
		# 0.17 0.18
		5 3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR .	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	
		St. Petersburg, FL 33716	■ Remove
			Change
MGR .	Raymond James Housing Opportunities Fund 42 L.P.	880 Carillon Parkway	
		St. Petersburg, FL 33716	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
		Remove	
			Change
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N/A ·	
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The 90th day after the record is filed.	ime, at 12.01 a.m. on the edition
•	
December 21 2017	
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Signature of a member or authorized representative	-6

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00