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## **COVER LETTER**

RJAHF 11-	SWO Elderly Village L.L.C.		
опист.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
lease return all correspo	ondence concerning this matter t	to the following:	
	William K. Budd		
		Name of Person	
	Raymond James Tax Credi	t Funds, Inc.	
		<del></del>	
	880 Carillon Parkway		
		Address	· <del></del>
	St. Petersburg, FL 33716		
		City/State and Zip Code	····
	bill.budd@raymondjames.co		
	E-mail address: (t	o be used for future annual report notifi	cation)
for further information c	oncerning this matter, please ca	III:	
William K. Budd		727 567-4820 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne 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** 

TO:

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

RJAHF 11-SWO Elderly Village I	L.L.C.		
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L18000095617	Liability Compa	iny were filed on April 16, 2	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
RJAHF 12-Glenn Park Apartments L.L.C.			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	TILE!
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the n
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida stree	t address
			73)
		City	, 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>	<u>Address</u>	Type of Action
			☐ Add
			□ Remove
			☐ Change
			☐ Remove
		-	Change
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

. 13 4	N/A	er change(s) here: (Attach additional sheets, if necessary.)	
			<del></del> _
			<u>.    </u>
			<u>.</u>
	-		<del></del>
			<del></del>
(If an <b>Not</b>		c and cannot be prior to date of filing or more than 90 days after filing.) Pursua tot meet the applicable statutory filing requirements, this date will no	
	record specifies a delayed effectiv he 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on theed.	e earlier of:
Date	February 27	2019	
	Signature o	a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee