## 118000166026

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



700324061457

00/05/19-01.15 (0.5 \*\*\*\*)

2019 FEB -5 A 9 46

## **COVER LETTER**

2919 FEB -5 A 9: 45

TO: Registration : Division of C				
SUBJECT: RJF	OF MT SPR	<del> </del>		_
	N	ame of Limited Liabilit	ty Company	
Dear Sir or Madam:				
The enclosed Stateme	nt of Correction and fee(s) ar	e submitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
William K.	Budd			•••
	Name of Person		;	-
Raymond Ja	ames Tax Credit	Funds, Inc.	,	-
	Firm/Company			-
880 Carillo	n Parkway, De	ept. 05485		
	Address			•
Saint Pete	ersburg, FL 3	3716		
	City/State and Zip Code			
_	graymondjam			
E-mail address:	(to be used for future annual	report notification)		
		ana anti-		
	n concerning this matter, ple		E07 4000	
William K.		at ()	567-4820	_
Nam	ne of Person	Area Code	Daytime Telephone Number	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons r Circle	R D P	IAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314	
Enclosed is a check f	or the following amount:			
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	
CR2E062 (9/15)				

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: RJPOF MT SPRJ Mayflower L.L.C. The Florida Document number of the limited liability company is: <u>L18000166026</u> SECOND: Articles of Amendment to Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected 2 statement are as follows: The amendment was filed in error. The manager did not change as reflected in the amendment. The sole manager of the company continues to be Raymond James Multifamily Finance, Inc.; 880 Carillon, Parkway: St. Petersburg, FL 33716. The manager is not Raymond James Preservation Opportunities Fund JV L.L.C. ۾. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective.  $\Box$ Signature of Authorized Representative Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)