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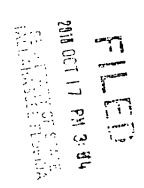
(Re	questor's Name)	
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## **COVER LETTER**

	gistration Sec vision of Corp				
our roa		Normandy Square L.L.C.			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	m all correspor	ndence concerning this matter	to the following:		
		William K. Budd			
		Raymond James Tax Credi	Name of Person it Funds, Inc.		
		880 Carillon Parkway	Firm/Company		
		St. Petersburg, FL 33716	Address		
		bill.budd@raymondjames.co		<u> </u>	
For further	information co	E-mail address: ( incerning this matter, please ca	to be used for future annual report notific	ation)	7 
William K.	Budd		727 567-4820 at ( )		<b>2</b> 23
England is	Name of			'elephone Number	
\$25.00		© following amount:  ☐ \$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 Tallahassec, 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 57-Normandy Square L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L18000168924 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 "LLC." 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

## 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	Add
		St. Petersburg, FL 33716	<b>≅</b> Remove
			☐ Change
MGR	Raymond James Housing Opportunities Fund 57 L.P.	880 Carillon Parkway	Add
		St. Petersburg, FL 33716	☐ Remove
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ective date, if	other than the date	e of filing:	e prior to date of filin	op or more than 90 days at	otional) fter filing.) Pursuant to 605,0207
<u>te:</u> If the date i	nserted in this block d ve date on the Depart	loes not meet the a	applicable statutory	filing requirements, t	his date will not be listed as
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September ed	28	2018	·		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee