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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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SECRETANY OF STATE TALLAMASSEE, FLORIDA

# **COVER LETTER**

Registration Section Division of Corporations

TO:

| Name of Lim                                   | ited Liability Company  | •   |   |   |
|---|---|---|---|---|
|   |   |   |   |   |
| Amendment and fee(s) are sub                  | mitted for filing.  |   |   |   |
| ndence concerning this matter                 | to the following:   |   |   |   |
| William K. Budd                               |   |   |   |   |
|   | Name of Person  | ·   |   |   |
| Raymond James Tax Credi                       | it Funds, Inc.  |   |   |   |
|   | Firm/Company  |   |   |   |
| 880 Carillon Parkway                          |   |   | 18<br>SEC   |   |
|   | Address   | ·   | AET OCT   | 7   |
| St. Petersburg, FL 33716                      |   |   | 17<br>ART<br>SSE  | FILED   |
| bill.budd@raymondjames.c                      | City/State and Zip Code<br>om   |   | E 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3   |   |
| E-mail address: (                             | to be used for future annual report notifi  | ication)  | 3: 3:<br>    <br>   |   |
| oncerning this matter, please ca              | all:  |   | D W   |   |
|   | 727 567-4820  |   |   |   |
| Person  |   | Telephone Number  | <u> </u>  |   |
| e following amount:                           |   |   |   |   |
| □ \$30.00 Filing Fee & Certificate of Status  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | Certificate of<br>Certified Cop   | Status &  |   |
| ation Section<br>n of Corporations<br>ox 6327 | Registration Section<br>Division of Corpora<br>Clifton Building   | n<br>ations   |   |   |
|   | William K. Budd  Raymond James Tax Cred  880 Carillon Parkway  St. Petersburg, FL 33716  bill.budd@raymondjames.c  E-mail address: (concerning this matter, please concerning this matter)  f Person  the following amount:  \$30.00 Filing Fee & | Raymond James Tax Credit Funds, Inc.  Firm/Company  880 Carillon Parkway  Address  St. Petersburg. FL 33716  City/State and Zip Code  bill.budd@raymondjames.com  E-mail address: (to be used for future annual report notification for the second paytime and the following amount:    \$\frac{727}{4} \frac{567-4820}{4} \frac{727}{4} \frac{567-4820}{4} \frac{727}{4} \frac{567-4820}{4} \frac{727}{4} \frac{567-4820}{4} \frac{727}{4} \frac{567-4820}{4} \frac{727}{4} \frac{567-4820}{4} \frac{727}{4} | William K. Budd  Name of Person Raymond James Tax Credit Funds, Inc.  Firm/Company  880 Carillon Parkway  Address St. Petersburg. FL 33716  City/State and Zip Code bill.budd@raymondjames.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  1727 | William K. Budd  Name of Person Raymond James Tax Credit Funds, Inc.  Firm/Company  880 Carillon Parkway  Address St. Petersburg, FL 33716  City/State and Zip Code bill.budd@raymondjames.com  E-mail address: (to be used for future annual report notification)  Daytime Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Status & Certificate of Status & Certified Copy (additional copy is enclosed)  TREAT/COURIER ADDRESS:  ation Section  Registration Section  Division of Corporations of Corporations of Size Size Size Size Size Size Size Size |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJAHF 11-23 North L.L.C.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 20, 2018 and assigned Florida document number L18000198389 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." 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 | Remove   |
|              |   |                          | □ Change   |
| MGR          | Raymond James Affordable Housing Fund 11 L.L.C. | 880 Carillon Parkway     |  |
|              |   | St. Petersburg, FL 33716 | □ Remove   |
|              |   |                          | Change   |
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| Effective date, if other than the date of filing:   | (optional)  |
| If an effective date is listed, the date must be specific and cannot be prior <b>Note:</b> If the date inserted in this block does not meet the application | to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
| document's effective date on the Department of State's records.   | toquironionio, uno une uni not de tiste u                                 |
| he record specifies a delayed effective date, but not   | t an offective time at 13:01 a much the carlier                           |
| The 90th day after the record is filed.   | t an enective time, at 12.01 a.m. on the earner t                         |
| Dated September 28 2018   |   |
|   | <del></del> ·   |
|   | prized representative of a member   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00