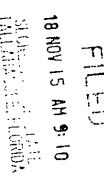
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(Re	equestor's Name)	
(A d	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	RJ HOF 41	-RJTCF 43 Village at Rock Spi	rings L.L.C.	
. John C.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		William K. Budd		
			Name of Person	
		Raymond James Tax Credi	t Funds, Inc.	
			Firm/Company	
		880 Carillon Parkway		
			Address	
		St. Petersburg, FL 33716		
		bill.budd@raymondjames.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation c	oncerning this matter, please ca	ail:	
William K.	Budd		727 567-4820 at ()	
	Name o	f Person		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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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

18 NOV 15 AM 9: 10

RJ HOF 41-RJTCF 43 Village at Rock Springs L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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tion "L.L.C."
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name of the nev
Code

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

		o manage, <u>enter the t</u>	title, name, and address of each person being added	
or removed from our records: MGR = Manager AMBR = Authorized Member		Address Address		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
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	18 NOV
	18 NOV 15 AM
	TATTO AND
	TALLANASSIE, FL
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ote: If the date inserted in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605.020 olicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's reco	rds.
record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of
ted September 4 , 2018 ,	 ·
	\wedge
	uthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00