L18000 238 673

(Req	uestor's Name)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		Slaton L.L.C.		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returr	n all correspo	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		
			Address	
		St. Petersburg, FL 33716		
		bill.budd@raymondjames.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	ail:	
William K.	Budd		727 567-4820	
	Name of	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 F	Filing Fec	□ \$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:

TO:

Registration Section

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 12-Slaton L.L.C.		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our i ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L18000238673	Company were filed on October 9, 2	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	· 201
(Principal office address MUST BE A STREET ADd	ORESS)	90 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	88 19
B. If amending the registered agent and/or regregistered agent and/or the new registered office adented Name of New Registered Agent:	idress here:	cords, enter the name of the ne
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	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>	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 12 L.L.C.	880 Carillon Parkway	
		St. Petersburg, FL 33716	☐ Remove
			☐ Change
			Add
			☐ Remove
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and car ck does not mee	nnot be prior to c t the applicable			filing.) Pursuant to 605
record specifies a delayed The 90th day after the reco		e, but not a	n effective tin	ne, at 12:01 a	.m. on the earlie
September 24	, _	2019			
		-)	/\		
			ed-representative of		

Page 3 of 3

Filing Fee: \$25.00