

118000238681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

10/24/18--01018--007 **60.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Correction
wt N/C*

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TALLAHASSEE, FLORIDA

FILED

BL VORISEK
NOV 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJAHF 12-Clyde Housing Partners L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William K. Budd

Name of Person

Raymond James Tax Credit Funds, Inc.

Firm/Company

880 Carillon Parkway, Dept. 05485

Address

Saint Petersburg, FL 33716

City/State and Zip Code

bill.budd@raymondjames.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William K. Budd

Name of Person

727

at (

Area Code

567-4820

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: RJAHF 12-Clyde Housing Partners L.L.C.

SECOND: The Florida Document number of the limited liability company is: L18000238681

THIRD: Document to be corrected is: Articles of Organization for Florida limited liability company

(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 statement are as follows:

The name of the limited liability company was incorrectly entered as RJAHF 12-Clyde Housing Partners L.L.C.

The correct name of the entity is RJAHF 11-Clyde Housing Partners L.L.C.

The Articles of Organization should reflect the name of the entity as RJAHF 11-Clyde Housing Partners L.L.C.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

The electronic transmission of the record was defective.

October 17, 2018

Signature of Authorized Representative

Date

William K. Budd, 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: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA
FED

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Certified Copy: \$30.00 (optional)