## L18000264224

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

RJHOF 41-RJHOF 58 Farrington L.L.C. SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Justin Mayor Name of Person Raymond James Affordable Housing Investments, Inc. Firm/Company 880 Carillon Parkway Address St. Petersburg, FL 33716 City/State and Zip Code justin.mayor@raymondjames.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Justin Mayor Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RJHOF 41-RJHOF 58 Farrington L.L.C.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	records.)
he Articles of Organization for this Limited Liability Company lorida document number <u>L18000264224</u>	were filed on November I	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	pility company here:	
JHOF 41-RJHOF 78-Farrington L.L.C.		
te new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	2023
rincipal office address MUST BE A STREET ADDRESS)		
		23: 1
nter new mailing address, if applicable:	N/A	Y UF B
failing address MAY BE A POST OFFICE BOX)		5 5
If amending the registered agent and/or registered office tent and/or the new registered office address here:	address on our records, <u>c</u>	enter the name of the new regis
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:	Enter Florida street i	addage
	Enter r tortaa street t	uuur cə ş
	<u> </u>	, Florida Zip Code
	City	Zip 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

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
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ffective date, if other than the can effective date is listed, the date must inte: If the date inserted in this blo ocument's effective date on the Department.	ck does not meet the	applicable statute	ing or more than 90 or ory filing requirem	_ (optional) lays after filing.) Pursuan ents, this date will not	t to 605.0207 be listed as
record specifies a delayed effective lis filed.	date, but not an effec	otive time, at 12:0	) I a.m. on the earli	er of: (b) The 90th d	ay after the
February 14	2023	<u>.</u>			
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Filing Fee: \$25.00