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COVER LETTER

Div	ision of Cor	porations						
SUBJECT:		Ankeny Apartment L.L.C.						
SOBSECT.		Name of Limi	ited Liability Company	·				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return	ı 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						
			City/State and Zip Code					
		bill.budd@raymondjames.co	om to be used for future annual report notifi	cation)				
For further is	nformation co	oncerning this matter, please ea	·	cuiton,				
William K.	Budd		727 567-4820					
Name of Person		f Person	at () Area Code Daytime	Telephone Number				
Enclosed is	a check for th	ne following amount:						
□ \$25.00 I	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			Street Address: Registration Sec	tion				

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJAHF 12-Ankeny Apartment 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 December 3, 2018 and assigned Florida document number L18000278145 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 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 , Florida _ Cirv

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 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	■Add
		St. Petersburg, Ft. 33716	Remove
			S CR JAdd
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□ Change

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te: If the	date inserted in effective date or	this block does	not meet	the applica	ble statutory	filing require	ments, this	date will no	t be listed
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ecord specis filed.	cifies a delayed o	effective date, b	ut not an e	ffective tin	ne, at 12:01 a	a.m. on the ea	rlier of: (b)	The 90th	day after t
ted	19)19	-·.				
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_		Signatur	e of a mem	or author	ized represent	tative of a men	ber		

Filing Fee: \$25.00