

L18000 278 735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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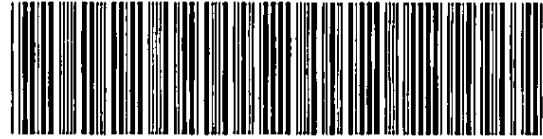
(Business Entity Name)

(Document Number)

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2019 FEB 27 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FL 09000

T.G.
03/05/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJAHF 11-Post Falls Senior L.L.C.

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:

William K. Budd

Name of Person

Raymond James Tax Credit Funds, Inc.

Firm/Company

880 Carillon Parkway

Address

St. Petersburg, FL 33716

City/State and Zip Code

bill.budd@raymondjames.com

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

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AND
FILED
2019 FEB 27 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL 0977

For further information concerning this matter, please call:

William K. Budd

727

567-4820

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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
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 11-Post Falls Senior 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 4, 2018 and assigned
Florida document number L18000278735.

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 "L.L.C."

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)

N/A

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

N/A

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	<input type="checkbox"/> Add
		St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raymond James Affordable Housing Fund 11 L.L.C.	880 Carillon Parkway	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 AND
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 2019 FEB 27 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

N/A

FILED
2019 FEB 27 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL 09101

APPROVED
AND
FILED

2019 FEB 27 PM 12:00

SECRETARY OF STATE
- MILWAUKEE, WISCONSIN -

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 15, 2019

Signature of a member or authorized representative of a member

Steven J. Kropf, the President of Raymond James Tax Credit Funds, Inc., the Manager of RJAHF-11 L.L.C., the Managing Member of Raymond James Affordable Housing Fund 11 L.L.C., the Manager of RJAHF 11-Post Falls Senior L.L.C.

Typed or printed name of signee