L19000015527

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COVER LETTER

SUBJECT:	RJAHF 12-Village at Bridge Creek L.L.C.					
SUBJECT.		Name of Limi	ited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	nall correspo	ndence concerning this matter	to the following:			
		William K. Budd				
		Raymond James Tax Credi	Name of Person t Funds, Inc.			
	Firm/Company 880 Carillon Parkway					
		St. Petersburg, FL 33716	Address			
		bill.budd@raymondjames.co				
For further in	nformation co	E-mail address: (to proceed this matter, please calls)	to be used for future annual report notifi-	cation)		
William K.	Budd		727 567-4820 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	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:

TO:

Registration Section Division of Corporations

> 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-Village at Bridge Creek 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 January 14, 2019 and assigned Florida document number L19000015527 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) ir, i B. If amending the registered agent and/or registered office address on our records, enter the mame 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 ___

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	Add
		St. Petersburg, FL 33716	Remove
			Change
			☐ Remove
			□ Change
			
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			Change

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ctive date, if other tha	ı the date of fili	ing:		(optio	nal)
effective date is listed, the da	te must be specific a	and cannot be prior	to date of filing or mo	re than 90 days after f	iling.) Pursuant to 605.020
ment's effective date on				requirements, this	Tate with not be fisted a
ecord specifies a del			t an effective tii	me, at 12:01 a.	m. on the earlier o
ne 90th day after the	record is filed	d.			
August 15		2019			
ed August 15		_, 	- ∧		
	<	1	\checkmark		
	Signature of	member or autho	rized representative of	f a member	

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Filing Fee: \$25.00

Typed or printed name of signee