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## **COVER LETTER**

| Div            | ision of Corp   | orations                                     |   |  |
|----------------|-----------------|--|---|--|
| SUBJECT:       | RJAHF 12-L      | iberty Apartments of Cape L                  | .L.C.   |  |
|                | ·-              |  | ited Liability Company  |  |
|                |                 |  |   |  |
| The enclosed   | d Articles of A | mendment and fee(s) are sub                  | mitted for filing.  |  |
| Please return  | all correspon   | dence concerning this matter                 | to the following:   |  |
|                |                 | William K. Budd                              |   |  |
|                |                 |  | Name of Person  |  |
|                |                 | Raymond James Tax Cred                       | it Funds, Inc.  |  |
|                |                 | <del></del>                                  | Firm/Company  |  |
|                |                 | 880 Carillon Parkway                         |   |  |
|                |                 |  | Address   | <del></del>  |
|                |                 | St. Petersburg, FL 33716                     |   |  |
|                |                 | bill.budd@raymondjames.c                     | City/State and Zip Code<br>om                                       | <del></del>  |
|                |                 | E-mail address: (                            | to be used for future annual report notific                         | cation)  |
| For further in | nformation co   | ncerning this matter, please ca              | all:  |  |
| William K. I   | Budd            |  | 727 567-4820  |  |
|                | Name of I       | Person                                       | at ()   | Telephone Number   |
| Enclosed is a  | a check for the | following amount:                            |   |  |
| □ \$25.00 F    | iling 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** 

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-Liberty Apartments of Cape 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 February 5, 2019 \_\_\_\_ and assigned Florida document number L19000036996 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." 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 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 City

## 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       |
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| Effective date, if other than the   | he date of filing:                        |                            | (optional)  |  |
| f an effective date is listed, the date n<br>Note: If the date inserted in this<br>document's effective date on the | block does not meet the app               | plicable statutory filing  | re than 90 days after filing.) Purs<br>requirements, this date will r | uant to 605.0207 (<br>not be listed as t |
| e record specifies a delay<br>The 90th day after the re   | ed effective date, but<br>ecord is filed. | not an effective ti        | me, at 12:01 a.m. on t  | he earlier of:                           |
| Dated   | , 2019                                    | ·                          |   |  |
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|   | $\sim$                                    | thorized representative of | <u> </u>  |  |

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