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(R	equestor's Name)	
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## **COVER LETTER**

	tion Section of Corporations	
RJA SUBJECT:	HF 12-Spring Hill Villas L.L.C.	
	Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing.	
Please return all o	orrespondence 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)	
For further inform	nation concerning this matter, please call:	
William K. Budd	727 567-4820 at ()	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a che	ck for the following amount:	
□ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$Certificate of Status & Certified Copy & Certificate of Copy (additional copy is enclosed) & Certified Copy (additional copy is enclosed)	Status &

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

Street Address: 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-Spring Hill Villas 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 April 2, 2019 and assigned Florida document number L19000091101 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 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Fiorida \_

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
		<u> </u>	□Change
MGR	Raymond James Affordable Housing Fund 12 L.L.C.	880 Carillon Parkway	■Add
		St. Petersburg, FL 33716	□Remove
			Change
			□Add
			□ Remove 2020 2020 □ □ Ch
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Note:	ive date, if other than the date of filing:	the applicable s	e of filing or more that tatutory filing requ	(optiona 190 days after filir rements, this da	l) ng.) Pursuant to 6 te will not be li	05. iste
If the recor	rd specifies a delayed effective date, but not an e led.	effective time, a	t 12:01 a.m. on the	earlier of: (b)	The 90th day af	îter
Dated	July 19 20	019				
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			representative of a me			

Filing Fee: \$25.00