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(Req	uestor's Name)
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PICK-UP	MAIT WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			
CUD IEC	יקדי.	RLBC Franklin Station L.L.C.	·	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		William K. Budd		
			Name of Person	
		Raymond James Tax Cred	it Funds, Inc.	
			Firm/Company	····
		880 Carillon Parkway		
		<u> </u>	Address	
		St. Petersburg, FL 33716		
			City/State and Zip Code	
		bill.budd@raymondjames.c		
1			to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please c	all:	
William	K. Budd		727 567-4820 at ()	
	Name of	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 S	<u>s:</u> Section	Street Address: Registration Sec	tion

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

illity Company as it now appears on our records.) ida Limited Liability Company)	
Company were filed on April 26, 2019	and assigned
mited liability company here:	
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imited Liability Company," the designation "LLC" or th	
N/A	AN III
DRESS)	
N/A	ti Ot
red office address on our records, <u>enter the r</u> ;:	name of the new regist
Enter Florida street address	
, Florida	Zip Code
	mited liability company here: imited Liability Company," the designation "LLC" or the N/A N/A N/A N/A Present the note of the street address on our records, enter the note of the street address on the str

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>	Name	Address	Type of Action
MGR	Raymond James Tax Credit Fund XX L.L.C.	880 Canlion Parkway	DAdd
		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
			三三章 室 Add 工
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ective date, if other than the	late of filing:		(optional)	
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to da ck does not meet the applicable	ate of filing or more than 90	0 days after fiting.) Pursua ments this date will no	int to 605.0201 at he listed as
cument's effective date on the De	partment of State's records.	saturory ming requires	ments, this date with he	t oc nated as
ecord specifies a delayed effective	date, but not an effective time.	at 12:01 a.m. on the ear	tlier of: (h) The 90th	day after the
s filed.				ou, uno mo
September 30 ted	2019			
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	- AN			

Filing Fee: \$25.00

Typed or printed name of signee