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## **COVER LETTER**

	Registration Se Division of Cor			
	RJ HOF 62	-Frances Apartments II L.L.C.		
SORTEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		William K. Budd		
			Name of Person	······································
		Raymond James Tax Credi	it Funds, Inc.	
			Firm/Company	
		880 Carillon Parkway		
			Address	· <del>-</del> ::
		St. Petersburg, FL 33716		
			City/State and Zip Code	
		bill.budd@raymondjames.c		
			to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please ca	all:	
William I	K. Budd		727 567-4820 at ( )	
	Name o	f Person	Area Code Daytim	e 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	

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

RJ HOF 62-Frances Apartments II 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 August 6, 2019 and assigned Florida document number L19000199873 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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 Carillon Parkway	
		St. Petersburg, FL 33716	Remove
			□ Change
MGR	Raymond James Housing Opportunities Fund 62 L.P.	880 Carillon Parkway	≣Add
		St. Petersburg, FL 33716	□Remove
			□ Change
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reffective date is listed te: If the date insert		fic and cannot be prior to not meet the application	to date of filing or mo		ar) ing.) Pursuant to 605.0207 ate will not be listed as
cord specifies a dela s filed.	ayed effective date, be	ut not an effective tii	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ed December 31		2019			
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Stone 1 1/-	Signature  opf, the President of Ray	e of a member of autho	_ ' '		C. the General

Filing Fee: \$25.00