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COVER LETTER

TO:

		•	
	-14th and Commercial CIC L.I	L.C.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William K. Budd		
		Name of Person	
	Raymond James Tax Cred	Name of Limited Liability Company fee(s) are submitted for filing. Ing this matter to the following: Budd Name of Person mes Tax Credit Funds, Inc. Firm/Company Parkway Address g, FL 33716 City/State and Zip Code rmondjames.com mail address: (to be used for future annual report notification) atter, please call: at (
Division of Corporations RJ HOF 62-14th and Commercial CIC L.L.C. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence 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 B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William K. Budd Name of Person Name of Person Section Certificate of Status Certificate Oppy (additional copy is enclosed) Mailing Address: Registration Section Registration Section Registration Section P.O. Box 6327 The Centre of Tallahassee			
	880 Carillon Parkway		
		Name of Limited Liability Company and fee(s) are submitted for filing. In ming this matter to the following: Budd Name of Person James Tax Credit Funds, Inc. Firm/Company Address urg, FL 33716 City/State and Zip Code raymondjames.com E-mail address: (to be used for future annual report notification) matter, please call: at (727	
	St. Petersburg, FL 33716		
		City/State and Zip Code	·
	- -		
		•	tification)
For further information of	concerning this matter, please c	all:	
William K. Budd			
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy
			ection
-		-	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TODES OF C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ~
	C)F	2020
RJ HOF 62-14th and Commercial	CIC L.L.C.		
(Name of the Lim	ited Liability Compa	iny as it now appears on our records.)	
	(A Florida Limited	Liability Company)	
he Articles of Organization for this Limited I	iability Company	were filed on August 27, 2019	and assigned -
	sideling company	were med on	and
lorida document number L19000218613	·		2
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
	blo.	N/A	
Enter new principal offices address, if appli			
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
	- noin		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>(BOX)</u>	-	
3. If amending the registered agent and/or		address on our records, enter the	name of the new register
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	N/A		
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:		0 81 11	
		Enter Florida street address	
		, Florid	la
		City	Zip Code

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 Housing Opportunities #GR Fund 62 L.P	880 Carillon Parkway	
		St. Petersburg, FL 33716	□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
	-		
			Remove
		<u></u>	Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change

N/A		
		
		
		
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ontivo d	te, if other than the date of filing: (optional)	
n effective	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.020
te: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	oe listed a
cument's	ffective date on the Department of State's records.	
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
is filed.		
ted	2020	

-	Signature of a member or authorized representative of a member	
_	Signature of a member or authorized representative of a member steven J. Kropf, the President of Raymond James Tax Credit Funds, Inc., the Manager of RJHOF-62 L.L.C., the Generatner of Raymond James Housing Opportunities Fund by L.P., the Manager of RJ HOF 62-14th and Commercial Cli	eral

Filing Fee: \$25.00