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COVER LETTER

Division of Corporations RJAHF 13-Catoosa Gardens L.L.C. SUBJECT: 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 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William K. Budd Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

TO:

Registration Section

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 13-Catoosa Gardens 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 October 16, 2019 and assigned Florida document number _____L19000260094 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RJTCF 45-Catoosa Gardens L.L.C. 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:

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.

New Registered Agent's Signature, if changing Registered Agent:

City

Enter Florida street address

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>	<u>Address</u>	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 Tax Credit Fund 45 L.L.C.	880 Carillon Parkway	■Add
		St. Petersburg, FL 33716	□Remove
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ord specifies a delayed effective date, but not an effecti	ive time, at 12:01	a.m. on the earlier of	of: (b) The 90th of	lay afte
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d May 27 , 2020				
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Signature of a member or	authorized represen	tative of a member		

Filing Fee: \$25.00