

220000047694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

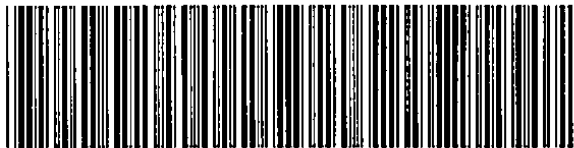
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OF
HARRIS COUNTY
TEXAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2020

WILLIAM K BUDD
RAYMOND JAMES TAX CREDIT FUNDS, INC
880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

SUBJECT: RJ MT ATMORE SENIOR VILLAGE L.L.C.
Ref. Number: L20000047694

We have received your document for RJ MT ATMORE SENIOR VILLAGE L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 020A00021131

COVER LETTER

**O: Registration Section
Division of Corporations**

SUBJECT: RJ MT Atmore Senior Village 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 Parkwy

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

727 567-4820
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 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 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**

RJ MT Atmore Senior Village 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 February 10, 2020 and assigned
Florida document number L20000047694.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable: N/A
(principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A
(mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent: N/A

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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

2020 NOV -2 PM 8:31
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amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

IGR = Manager
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	RJHOF-41 L.L.C.	880 Carillon Parkway	<input type="checkbox"/> Add
		St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	RJTCF-46 L.L.C.	880 Carillon Parkway	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NA

Filing Fee: \$25.00