

L20000174714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

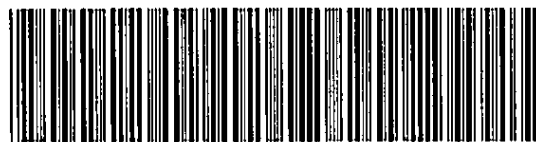
(Document Number)

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60:00  
21 MAR 19 PM 12:59  
DIVISION OF CORPORATIONS  
STATE OF CALIFORNIA



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

21 MAR 19 PM 12: 59

RJ HOF 66-Martin Way I 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 June 23, 2020 and assigned Florida document number L20000174714.

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."

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)**

**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:**

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION

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| <u>Title</u> | <u>Name</u>   | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---|--------------------------|--|
| MGR          | Raymond James Tax Credit Fund<br>XX L.L.C.          | 880 Carillon Parkway     | <input type="checkbox"/> Add               |
|              |   | St. Petersburg, FL 33716 | <input checked="" type="checkbox"/> Remove |
|              |   |                          | <input type="checkbox"/> Change            |
| MGR          | Raymond James Housing Opportunities<br>Fund 66 L.P. | 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            |
|              |   |                          | <input type="checkbox"/> Add               |
|              |   |                          | <input type="checkbox"/> Remove            |
|              |   |                          | <input type="checkbox"/> Change            |
|              |   |                          | <input type="checkbox"/> Add               |
|              |   |                          | <input type="checkbox"/> Remove            |
|              |   |                          | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

DEPARTMENT OF STATE  
OFFICE OF THE CLERK  
OF CORPORATION  
21 MAR 19 PM 12:59

N/A

Multiple horizontal lines for amending information.

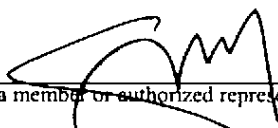
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 5, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Steven J. Kropf, the President of Raymond James Tax Credit Funds, Inc., the Sole Member/Manager of RJHOF-66 L.L.C., the General Partner of Raymond James Housing Opportunities Fund 66 L.P., the Manager of RJ HOF 66-Martin Way 1 L.L.C.

\_\_\_\_\_  
Typed or printed name of signee