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COVER LETTER

Division of Co				•		
RJ State T SUBJECT:	ax Credit Investor Fund VII L.	L.C.		ı '		
SOBJECT.	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Justin Mayor				·~)	
		Name of Person		_	92	
	Raymond James Affordab	le Housing Investments, Inc.			2922 012 16 AM 6: 38	
Firm/Company					တ	
	880 Carillon Parkway			GF S	₹ 6	
		Address			ယ	
	St. Petersburg, FL 33716			m	œ	
		City/State and Zip Code		_		
	justin.mayor@raymondjam	es.com				
	E-mail address:	to be used for future annual report notific	ation)			
For further information	concerning this matter, please o	all:				
Justin Mayor		727 567-3162 at ()				
Name	of Person	Area Code Daytime T	Telephone Number	r		
Enclosed is a check for t	the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu		
Mailing Addre Registration		<u>Street Address:</u> Registration Secti	on			
Division of C		Division of Corpo				
P.O. Box 632		The Centre of Tal				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ State Tax Credit Investor Fund VII L.L.C		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability (and assigned	
Florida document number L21000210959	<u>_</u> .	
This amendment is submitted to amend the following:		co
a. If amending name, enter the new name of the lim	ited liability company here:	972
U State Tax Credit Investor Fund VIII L.L.C.		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	
Inter new principal offices address, if applicable:	N/A	AH M
Principal office address MUST BE A STREET ADDI	RESS)	E ST S
		38 L
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addre	uss .
		lorida
	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.

N/A						
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	te, if other than the date of fili	ing:		(optional)		
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