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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

RJ HOF 3	36-Monroe Street Housing Partne	ers L.L.C.				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Justin Mayor					
	· · · · · · · · · · · · · · · · · · ·	Name of Person				
	Raymond James Affordabl	e Housing Investments, Inc.				
		Firm/Company				
	880 Carillon Parkway					
	-	Address				
	St. Petersburg, FL 33716					
	 	City/State and Zip Code				
	justin.mayor@raymondjam					
	E-mail address: (to be used for future annual report n	otification)			
For further information	concerning this matter, please c	all:				
Justin Mayor		727 567-3162				
Namo	of Person		time Telephone Number			
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 Add		Street Address:				
Registration Division of	1 Section Corporations	Registration S Division of C				
P.O. Box 6:	='	The Centre o	=			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

RJ HOF 36-Monroe Street Housing Partners L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A F	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L22000057248	lity Company were filed on February	and assigned.
Florida document number	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: <u>N/A</u>	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered affice address h		is, enter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida sti	reet 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

<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
MGR	Raymond James Housing Opportunities Fund 36 L.L.C.	880 Carillon Parkway	
		St. Petersburg, FL 33716	□Remove
			□Change
			□Adđ
			Remove
			□ Change
			□Add
			□Remove
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Filing Fee: \$25.00