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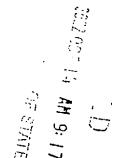
A. RIVERS

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COVER LETTER

TO:

Registration Section

Div	ision of Corporations	•
SUBJECT:	RJ HOF 73-Calexico Meadows	s CIC L.L.C.
SUBJECT	7	Name of Limited Liability Company
	į.	
The enclosed	l Articles of Amendment and fe	e(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the following:
	Justin Mayor	
		Name of Person
	Raymond Jam	s Affordable Housing Investments, Inc.
		Firm/Company
	880 Carillon Pa	arkway
		Address
	St. Petersburg,	FL 33716
	——————————————————————————————————————	City/State and Zip Code
	justin.mayor@ra	symondjames.com
	E-m	ail address: (to be used for future annual report notification)
For further is	nformation concerning this matt	er, please call:
Justin Mayo	r	727 567-3162 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amoun	
□ \$25.00 I	Filing Fee	
Re Di P.C	illing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, 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 HOF 73-Calexico Meadows CIC L.L.C.

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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registagent and/or the new registered office address here: N/A New Registered Office Address Enter Florida street address Enter Florida street address Florida City 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 agreeto comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	(Name of the Limi	ted Liability Company ((A Florida Limited Liab	as it now appears on our rec ility Company)	ords <u>.</u>)	
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: N/A New Registered Office Address Enter Florida street address I hereby accept the appointment as registered agent and agree to act in this capacity. I further agraento comply with 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	The Articles of Organization for this Limited L	iability Company we	ere filed on April 13, 2022		and assigned
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registagent and/or the new registered Agent: N/A New Registered Agent N/A New Registered Office Address Enter Florida street address Office Address Enter Florida street address Florida City 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 agranto comply with 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 affects address, I hereby confirm that the limited liability		lability Company we	Te filed off		and assigned
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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	New Registered Agent's Signature, if changing	Registered Agent:		H.S.	9: -
If Changing Registered Agent, Signature of New Registered Agent	provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the	per and complete pe istered agent as pro registered office ad cchange.	rformance of my duties, wided for in Chapter 60 ldress, I hereby confirm	further agreed, and I am famile (5, F.S. Or, if the that the limite	iliar with and his document is diability

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>	Address	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 73 L.P.	880 Carillon Parkway	■Add
		St. Petersburg, FL 33716	Remove
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Псточе
			Change

	N/A	
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If an ci <u>Note:</u>	If the date inserted in this b	e date of filing:
e reco rd is f		we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 30	, 2022
		Signature of a member or authorized replesentative of a member dent of Raymond James Affordable Housing Divestments, Inc., the Manager of RJHOF-73 L.L.C., the and James Housing Opportunities Fund 73 L.R., the Manager of RJ HOF 73-Calexico Meadows CIC

Filing Fee: \$25.00