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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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TO

## **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

RJ MT HTC SUBJECT:	G Orchid Lake L.L.C.				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Justin Mayor				
	<u> </u>	Name of Person	<u></u>		
	Raymond James Affordabl	e Housing Investments, Inc.			
		Firm/Company			
	880 Carillon Parkway				
		Address	<del></del>		
	St. Petersburg, FL 33716			2023 FEB SEUT ALL S	
		City/State and Zip Code		(F) (C)	
	justin.mayor@raymondjame			<u>ن</u> کیا ج	
	E-mail address: (	o be used for future annual report notificat	ion)	32日 19日 19日 19日 19日 19日 19日 19日 19日 19日 19	
For further information c	oncerning this matter, please ca	all:		AH 10: 07 OF STATE SEE, FL	1
Justin Mayor		727 567-3162 at ()		07 VTE	
Name o	f Person	Area Code Daytime Te	lephone Number	<del></del>	
Enclosed is a check for the	nc following amount:				
□ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
Mailing Address Registration		Street Address: Registration Section	on.		
Division of C		Division of Corpor			

The Centre of Tallahassec

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. d Liability Company)	
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for the Liability Companies of Organization for the Organization for th	ny were filed on May 18, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<del></del>
Principal office address MUST BE A STREET ADDRESS)		023 7023 110
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	3 -3 MIO O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter tl</u>	he name of the new register
Name of New Registered Agent:	<del></del>	<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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>	Address	Type of Action
MGR	Raymond James Tax Credit Fund XX L.L.C	880 Carillon Parkway	
		St. Petersburg, FL 33716	Remove
			☐ Change
MGR	RJHOF-77 L.L.C.	880 Carillon Parkway	■Add
		St. Petersburg, FL 33716	□ Remove
			Change
			□Add
			□ FRimove  123 □ FRimove  124 □ Frimove
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effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot ck does not meet the	ot be prior to date one applicable sta	of filing or more the stutory filing requ	in 90 days after filir iirements, this da	ig.) Pursuant to te will not be	605.02 listed
ument's effective date on the De	partment of State's	records.	, .			
cord specifies a delayed effective	date, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day	after th
s filed.					罗马	023
January 9	20	23				2023 FEB
ed		<del></del>			1 171 1 155	<u>-3</u>
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	Signature of a memb	or authorized re	presentative of a n	nember	S. C.	AH II
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Filing Fee: \$25.00