L22000450473

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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SECRETARY OF STATE
TALLAHASSEF FI



COVER LETTER

TO: Registration Section
Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	Justin Mayor		
		Name of Person	
	Raymond James Affordabl	e Housing Investments, Inc.	
he enclosed Articles of Amendment and fee(s) are submitted for filing. Justin Mayor			
	880 Carillon Parkway		
		Address	
	St. Petersburg, FL 33716		
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
Justin Mayor		727 567-3162	<u> </u>
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fce		Certified Copy	Certificate of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ MT HELP Park Place L.L.C.

(Name of the Limited Liab (A Flori	ility Company as it ida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number L22000450473	Company were f	iled on October 19	. 2022	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li		mnany here			
	mited maininty co	mpany nere.			
N/A The new name must be distinguishable and contain the words "L	to the first that Com-		n "LLC" or the abbreu	istion "L L	<u> </u>
The new name must be distinguishable and contain the words. L	imited Liability Con-	ipany, the designation	ii EEC of the above.	iation C.L.	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			رن آراند. آراند.	2023	
				AUG-	
			145	<u> </u>	
	N/A		ريان <u>وي.</u> درين <u>چي</u>	5	
Enter new mailing address, if applicable:				3	
(Mailing address MAY BE A POST OFFICE BOX)					
			r-	, —	
B. If amending the registered agent and/or register		s on our records,	enter the name of	the new	registered
agent and/or the new registered office address here	<u>e</u> :				
N/A					
Name of New Registered Agent: N/A	-				
New Registered Office Address:					
New Registered Office Francisco.		Enter Florida stree	t address		
			, Florida		
	City			Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:				
		and the Alatin arranged	n. I filmbar aaraa	to acomo	he with the
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete perfo. l agent as provid ered office addro	rmance of my dui led for in Chapter	ies, and I am fam : 605, F.S. Or, if t	iliar with his docu	h and ment is

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	Raymond James Housing Opportunities Fund 77 L.L.C.	880 Carillon Parkway	≣Add
		St. Petersburg, FL 33716	Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
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			Remove
			Change
			□Add
			Remove
			□Change

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fective d	ate, if other	than the date (of filing:				(option	al)	
m effective	date is listed, th	he date must be spe I in this block do	cific and can	iot be prior to	date of filing	or more than 9	days after fil	ing.) Pursuant to	n 605.020 • listed a
ote: If the cument's	e date inserted reffective date	on the Departm	ent of State	's records.	ne statutory	illing require	menes, ms d	ute will not be	
ecord spe is filed.	cifies a delayo	ed effective date,	but not an e	effective tim	e, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day	after the
ited	24			023	~ ` ^				
				\sim $^{\prime}$					
-		Signat	ure of a mem	er or author	ized represent	ative of a mem	ber	<u></u> .	
		, the President of R ber of Raymond Ja		1	_				0.45-

Filing Fee: \$25.00