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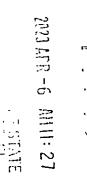
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

TO:

CHID IT CT.	HTG Astoria L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin Mayor		
		Name of Person	_
	Raymond James Affordab	le Housing Investments, Inc.	
		Firm/Company	_
	880 Carillon Parkway		
		Address	
	St. Petersburg, FL 33716		
		City/State and Zip Code	2923 AFR
	justin.mayor@raymondjam		
	E-mail address: ((to be used for future annual report notification)	0
For further information of	oncerning this matter, please c	all:	
Justin Mayor		727 567-3162	
Name o	f Person	at ()	er iii 7
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy hal copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJTCF 51-HTG Astoria L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 24, 2022 ____ and assigned Florida document number __L22000457614 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 "L.L.C." N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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.

City

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
			□Change
MGR	Raymond James Tax Credit Fund 51 L.L.C.	880 Carillon Parkway	■Add
		St. Petersburg, FL 33716	Remove
			PRemove : □ □ □ Change
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			(r) ☐ Remove
			□ Change
	 		□Add
			□Remove
			□Change
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			□Remove

N/A			
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effective date is listed, the date must be speci	fic and cannot be prior to date of filing or n		
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cord specifies a delayed effective date, b s filed.	ut not an effective time, at 12:01 a.m.	on the earner of: (b) The 90th	n day after ti
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March 15	2023		7-3
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