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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations	***	e de la companya de l
SUBJE	Raymond Ja	ames Impact Housing Fund 10	L.L.C.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence 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		
		justin.mayor@raymondjam	City/State and Zip Code es.com	 -
			to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please c	all:	
Justin N	Mayor		727 567-3162 at ()	2023
	Name o	f Person	Area Code Daytime Telephoi	2923 APR 28
Enclose	ed is a check for the	ne following amount:		28 A
□ \$ 25	5.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

Raymond James Impact Housing Fund 10 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 January 18, 2023 and assigned Florida document number L23000034632 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Raymond James Tax Credit Fund 53 L.L.C. 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) N/A 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

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	RJPOF 10 L.L.C.	880 Carillon Parkway	
		St. Petersburg, FL 33716	■Remove
			□Change
MGR	RJTCF-53 L.L.C.	880 Carillon Parkway	
		St. Petersburg, FL 33716	
			□Change
			Remove
			□Change
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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		Signature of a member or authorized representative of a member

Filing Fee: \$25.00