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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	(Address) (Address) (City/State/Zip/Phone #)	
Special Instructions to	Filing Officer:	

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SUCH AND OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Registration S Division of Co					
RJ MT M.	aple Village Apartments L.L.C.				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing			
	ondence concerning this matter				
	Justin Mayor				
		Name of Person			
	Raymond James Affordab	le Housing Investments, Inc.			
		Firm/Company			
	880 Carillon Parkway				
		Address			
	St. Petersburg, Ft. 33716				
	justin.mayor@raymondjum	City/State and Zip Code			
		(to be used for future annual report notification)			
For further information	concerning this matter, please o	call:			
Justin Mayor		727 567-3162			
Name	of Person	at () Area Code Daytime Telephone Number			
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810n S Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ MT Maple Village Apartments L.L.	.C.				
(Name of the Limited I	<u>Liability Company</u> Florida Limited Lia	as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liabi Florida document number L23000356675	ility Company w	vere filed on July	28, 2023	and assign	ed
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty company her	<u>'e</u> :		
<u> </u>					
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the de	signation "LLC" or th	e abbreviation "L.L.C.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia N/A The new name must be distinguishable and contain the words "Limited Lia 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 agent and/or the new registered office address here:	le:	N/A			
(Principal office address MUST BE A STREET)	<u> 4DDRESS)</u>				
Enter non-mailing address (formalisable)					
		XV/ (
Enter new mailing address, if applicable:		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 adagent and/or the new registered office address here: Name of New Registered Agent: N/A		<u> </u>			
D. If amonding the registered agent and/or resi	internal officer and	4			
		dress on our re	zorus, <u>enter the n</u>	ame of the new re	gisterec
	N/A				
Name of New Registered Agent:					
New Registered Office Address:	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrorincipal offices address, if applicable: M/A Mice address MUST BE A STREET ADDRESS mailing address, if applicable: M/A Maress MAY BE A POST OFFICE BOX Ming the registered agent and/or registered office address on our records, enter the name of the new registered Agent: M/A Mregistered Office Address: Mregistered Office Address: Mregistered Office Address: Mregistered Office Address: Mregistered Agent: Mregistered Agent: Mregistered Agent: Mregistered Agent: Mregistered Office Address: Mregistered				
		Enter Florid	ta street address		
-		Z'in	, Florida	Zıp Code	
You Dankstound Court Change in 16 days 1 0	diseased aa	Cuy		гар Соас	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register	rgent and agree and complete p red agent as pr tistered office a	erformance of n ovided for in Ci	ny duties, and La hapter 605, F.S. (m familiar with a Or . if i his B eume	nd
) () () () ()	entra
	If Changi	ing Registered Age	nt. Signature of New		

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 79 L.L.C.	880 Carillon Parkway	■Add
		St Petersburg, Ft 33716	□Remove
			□Change
			⊡Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
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			2002 AUG 20 PH 2: 1
			□Remove

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record specifies a delayed effer is filed.	ctive date, but not a	in effective time	e, at 12:01 a.m.)	on the earlier of:	(b) Tike (6)	2024 #UG	r the
July 11 ted	·	2024			HASS	20 PM	•
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	Signature of a m	iember or authoriz	and representation	ut'a mambar		=	
	rigitative or a m	ien er on annan	ed representative	171 a member	ι	TI —	

Filing Fee: \$25.00