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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-7522

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

eileen.soto@cnl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CNL BENEFICIARY WHISTLER, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

OK, PER LYN SHOFFSTALL 9/24/2015 KS

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Corporate Filing Menu

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FILED
2015 SEP 23 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 24 2015



September 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL BENEFICIARY WHISTLER, LLC
P.O. BOX 4920
ORLANDO, FL 32802

SUBJECT: CNL BENEFICIARY WHISTLER, LLC
REF: M04000005087

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F04000005609 "CLP BENEFICIARY WHISTLER CORP".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000224370
Letter Number: 915A00019740

RECEIVED
15 SEP 24 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

CLP BENEFICIARY WHISTLER CORP.
450 S. Orange Avenue
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

VIA FACSIMILE
850-245-6030

September 24, 2015

Florida Department of State
Division of Corporations
2661 Executive Center Circle
PO Box 6327
Tallahassee, FL 32301

Attn: Karen Saly

RE: CONSENT FOR USE OF SIMILAR NAME

Dear Sir or Madam:

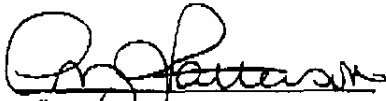
Please consider this our consent for CNL Beneficiary Whistler, LLC to use the similar name "CLP Beneficiary Whistler, LLC". We own CLP Beneficiary Whistler Corp. and CNL Beneficiary Whistler, LLC.

Thank you for your assistance in this regard.

Sincerely yours,

CNL Beneficiary Whistler Corp.

By:



Amy J. Patterson
Assistant Secretary

RECEIVED

15 SEP 24 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CNL Beneficiary Whistler, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M04000005087

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 19, 2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CLP Beneficiary Whistler, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

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

H15000224370 3

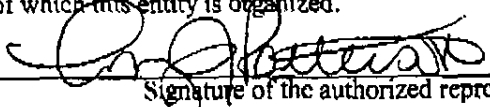
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SECRETARY OF STATE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Amy J. Patterson

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CNL BENEFICIARY WHISTLER, LLC", CHANGING ITS NAME FROM "CNL BENEFICIARY WHISTLER, LLC" TO "CLP BENEFICIARY WHISTLER, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF MAY, A.D. 2012, AT 4:03 O'CLOCK P.M.

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TALLAHASSEE, FLORIDA



3883189 8100

120500731

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9547932

DATE: 05-03-12

H15'000 224370

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:03 PM 05/02/2012
FILED 04:03 PM 05/02/2012
SRV 120500731 - 3883189 FILE

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
CNL BENEFICIARY WHISTLER, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST. The name of the limited liability company is CNL BENEFICIARY WHISTLER, LLC
(the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 11/17/2004 in the
Office of the Secretary of State of the State of Delaware, shall be amended as follows:

The name of the Company shall be: CLP Beneficiary Whistler, LLC

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this
Certificate of Amendment to Certificate of Formation this 27th day of April, 2012.

By: /S/ AMY J. PATTERSON
Name: Amy J. Patterson
Title: Authorized Person

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLP BENEFICIARY WHISTLER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLP BENEFICIARY WHISTLER, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3883189 8300

151043099

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2551084

DATE: 07-13-15