Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000103525 3)))



HI 2000H 035253ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000

*Enter the email address for this business entity to be used for future

a a il Address:∫

amv.patterson@cnl.com

T. CLINE

--- APR 2 3 2012

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CNL INCOME GW SANDUSKY GP, LLC

	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

EXAMINER

udit # H12000103537

Electronic Filing Menu

& Please word inche fil

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

H12000103525 3

SECTION I (1-3 must be completed)

Name of limited liability company as it appears on the records of the Florida Department of State: CNL Income GW Sandusky GP, LLC	
2. Jurisdiction of its organization: Delaware	
3. Date authorized to do business in Florida: 10/19/2005	
SECTION II (4-7 complete only the applicable changes)	
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 2/1/2012	
5. New name of the limited liability company: CLP GW Sandusky GP, LLC (must end with "Limited Liability Company," "L.L.C." or "DCG DCG DCG DCG DCG DCG DCG DCG DCG DCG	armen's
Florida and attach a copy of the written consent of the managers or managing members adobted the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C" or "LLC.")	
6. If the amendment changes the period of duration, indicate new period of duration:	
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:	
9. Attached is an original certificate, 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 a hember or the authorized representative of a member	
Amy J. Patterson, Authorized Representative Typed or printed name of signec	
Filing Fee: \$25.00	

H12000103525 3

H12000103525 3

Delaware

DAGE 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 INCOME GW SANDUSKY
GP, LLC", CHANGING ITS NAME FROM "CNL INCOME GW SANDUSKY GP,
LLC" TO "CLP GW SANDUSKY GP, LLC", FILED IN THIS OFFICE ON THE
FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:01 O'CLOCK A.M.

*4042566 8*100

120108815

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

AUTHENTICATION: 9338139

DATE: 02-02-12

20009

H12000103525 3

State of Delaware Secretary of State Division of Corporations Delivered 10:01 AM 02/01/2012 FILED 10:01 AM 02/01/2012 SRV 120108815 - 4042566 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME GW SANDUSKY GP, LLC

FIRST. The name of the limited liability company is CNL INCOME GW SANDUSKY GP, LLC (the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 10/7/2005 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 GW Sandusky GP, LLC.

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 31st day of January, 2012.

By: /S/ AMY J. PATTERSON

Name: Amy J. Patterson Title: Authorized Person