

04/26/12

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Division of Corporations

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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  
**AMY J. PATTERSON**

From:

Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 540-2699

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

Email Address

amy.patterson@cnl.com

12 APR 26 PM 12:29

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CNL INCOME COLONY GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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*Please coordinate with fax audit*

*# H120000920203*

B. KOHR

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4/9/2012

EXAMINER

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

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**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: CNL Income Colony GP, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 4/28/2006

**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 Colony GP, LLC  
(must end with "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 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 member or the authorized representative of a member

Amy J. Patterson, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

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# Delaware

*The First State*

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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 COPPER GP, LLC", CHANGING ITS NAME FROM "CNL INCOME COPPER GP, LLC" TO "CLP COPPER GP, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 9:31 O'CLOCK A.M.

3861341 8100

120108874

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9338060

DATE: 02-02-12

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:03 AM 02/01/2012  
FILED 09:31 AM 02/01/2012  
SRV 120108674 - 3861341 FILE

**CERTIFICATE OF AMENDMENT**

**TO**

**CERTIFICATE OF FORMATION**

**OF**

**CNL INCOME COPPER GP, LLC**

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

**SECOND.** Article I of the Certificate of Formation of the Company, filed on 9/29/2004 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 Copper 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

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