

**M06000002987**

Florida Department of State  
Division of Corporations  
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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  
Fax Number : (407) 540-2699

**FILED**  
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TALLAHASSEE, FLORIDA

**\*\*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

RECEIVED  
12 JUN -8 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CNL INCOME SKI I, LLC**

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

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Corporate Filing Menu

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JUN 12 2012

4120001209603

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

**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 Ski I, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 5/31/2006

**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 Ski I, 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 of the authorized representative of a member

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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2012 JUN - 8 AM 7:43  
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TALLAHASSEE, FLORIDA

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# 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 INCOME SKI I, LLC", CHANGING ITS NAME FROM "CNL INCOME SKI I, LLC" TO "CLP SKI I, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:34 O'CLOCK A.M.

FILED  
2012 JUN -8 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4165190 8100

120109201

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: 9338488

DATE: 02-02-12

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:43 AM 02/01/2012  
FILED 10:34 AM 02/01/2012  
SRV 120109201 - 4165190 FILE

**CERTIFICATE OF AMENDMENT**

**TO**

**CERTIFICATE OF FORMATION**

**OF**

**CNL INCOME SKI I, LLC**

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

**SECOND.** Article 1 of the Certificate of Formation of the Company, filed on 5/25/2006 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 Ski I, 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.

**FILED**  
2012 JUN -8 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

By: /S/ AMY J. PATTERSON

Name: Amy J. Patterson

Title: Authorized Person

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