

03/30/12 15:22 FAX # 7650 543 C S AMND 2001  
Division of Corporations Page 1 of 1  
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LLC's  
+LP's

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6393  
AMY J. PATTERSON

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

FILED  
12 MAR 30 AM 7:47  
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\*\*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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CNL INCOME LOON MOUNTAIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01 3
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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K. BAILY  
EXAMINER  
APR 2 2012

**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 Loon Mountain, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: September 5, 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? January 27, 2012
5. New name of the limited liability company: CLP Loon Mountain, 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 signee

Filing Fee: \$25.00

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# Delaware

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*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 LOON  
MOUNTAIN, LLC", CHANGING ITS NAME FROM "CNL INCOME LOON  
MOUNTAIN, LLC" TO "CLP LOON MOUNTAIN, LLC", FILED IN THIS OFFICE  
ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2012, AT 12:49  
O'CLOCK P.M.

4212333 8100

120094374

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: 9328221

DATE: 01-30-12

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:12 PM 01/27/2012  
FILED 12:49 PM 01/27/2012  
SRV 120094374 - 4212333 FILE

**CERTIFICATE OF AMENDMENT**

**TO**

**CERTIFICATE OF FORMATION**

**OF**

**CNL INCOME LOON MOUNTAIN, LLC**

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

**SECOND.** Article 1 of the Certificate of Formation of the Company, filed on 8/29/2006 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 Loon Mountain, 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 January, 2012.

By: /S/ AMY J. PATTERSON

Name: Amy J. Patterson

Title: Authorized Person

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