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

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

Email Addre

amy.patterson@cnl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME FEC CHARLOTTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE

VITAHASSEE, FLORIDA

Electronic Filing Menu

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H12000092295 3

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department State: CNL Income FEC Charlotte, LLC	nt of		
		<u></u>	2	
2.	Jurisdiction of its organization: Delaware	<u>≥</u> 2.	MAY	
		SS	8	F
3.	Date authorized to do business in Florida: 9/14/2006		æ.	ju C
	SECTION II (4-7 complete only the applicable changes)	STAT	8: 40	
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	A A	· O	
5.	New name of the limited liability company: CLP Charlotte FEC, LLC		_	
	(must end with "Limited Liability Company," "L.L.C.," or	'LLC.")		
th or	orida and attach a copy of the written consent of the managers or managing members ade alternate name. The alternate name must end with "Limited Liability Company," "L.L.") "LLC.") If the amendment changes the period of duration, indicate new period of duration:	lopting .C."		
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 correction:	and ti	he	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signature of a member or the authorized representative of a member	ioned jurisc	liction	3

Filing Fee: \$25.00

Army J. Patterson, Authorized Representative
Typed or printed name of signed

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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 FEC CHARLOTTE, LLC", CHANGING ITS NAME FROM "CNL INCOME FEC CHARLOTTE, LLC" TO "CLP CHARLOTTE FEC, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 8:48 O'CLOCK A.M.

4218317 8100

120108622

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

AUTHENTY CATION: 9338010

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 09:37 AM 02/01/2012 FILED 08:48 AM 02/01/2012 SRV 120108622 - 4218317 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME FEC CHARLOTTE, LLC

FIRST. The name of the limited liability company is CNL INCOME FEC CHARLOTTE, LLC (the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 9/12/2006 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 Charlotte FEC, 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