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.

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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

2 JUN-8 PN 3 35 CUNETANY OF STATE

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

amy.patterson@cnl.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME SANDUSKY MARINA, LLC

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

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**EXAMINER** 

EPPP06100061H

## 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 Sandusky Marina, LLC		
2.	Jurisdiction of its organization: Delaware		
3.	Date authorized to do business in Florida: 11/7/2006		
	SECTION II (4-7 complete only the applicable changes)	mesh.	
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	7)	
\$.	The state of the s		
Fl th	f name unavailable, enter alternate name adopted for the purpose of transacting business in lorida 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." "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	1	

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

# 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 SANDUSKY
MARINA, LLC", CHANGING ITS NAME FROM "CNL INCOME SANDUSKY
MARINA, LLC" TO "CLP SANDUSKY MARINA, LLC", FILED IN THIS OFFICE
ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:26 O'CLOCK A.M.

4242531 8100

120109154

You may verify this certificate onling

AUTHENTICATION: 9338481

DATE: 02-02-12

### CERTIFICATE OF AMENDMENT

TO

#### CERTIFICATE OF FORMATION

OF

### CNL INCOME SANDUSKY MARINA, LLC

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

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 10/27/2006 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 Sandusky Marina, LLC.

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

By: /S/ AMY J. PATTERSON

Name: Amy J. Patterson
Title: Authorized Person

State of Delaware Secretary of State Division of Corporations Delivored 10:43 AM 02/01/2012 FILED 10:26 AM 02/01/2012 SRV 120109154 - 4242531 FILE