Division of Corporations Electronic Filing Cover Sheet

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(((H12000091989 3)))



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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 Address:

amy.patterson@cnl.com

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

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

A. LUNT

MAY 29 2011

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May 21, 2012

850-617 6381

FLORIDA DEPARTMENT OF STATE

Davision of Corporations

CNL INCOME BURNSIDE MARINA, LLC PO BOX 4920 ORLANDO, FL 32802

SUBJECT: CNL INCOME BURNSIDE MARINA, LLC

REF: M06000006321

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H12000091989 Letter Number: 712A00014788

Amendment to change name originally forced 4/9/12.

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)

| Name of limited liability company as it appears on the records of the Florida Department of State: <u>CNL Income Burnside Marina</u>, <u>LLC</u> | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 2. Jurisdiction of its organization: Delaware | | ē~) |
| 3. | Date authorized to do business in Florida: 11/15/2006 | an an |
| | SECTION II (4-7 complete only the applicable changes) | APR-9 DA |
| 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 Burnside Marina, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.") | | |
| Èl 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 e 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: | ie |
| 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 jurisd under the law of which this entity is organized. Signature of a member or the authorized representative of a member | iction |

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

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 BURNSIDE MARINA, LLC", CHANGING ITS NAME FROM "CNL INCOME BURNSIDE MARINA, LLC" TO "CLP BURNSIDE MARINA, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 8:33 O'CLOCK A.M.

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120108565

TIÓN: 9337879

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 09:21 AM 02/01/2012 FILED 08:33 AM 02/01/2012 SRV 120108565 - 4242539 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME BURNSIDE MARINA, LLC

FIRST. The name of the limited liability company is CNL INCOME BURNSIDE 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 Burnside Marina, 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: Arny J. Patterson
Title: Authorized Person