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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

: (950)617-6383 Fax Number

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. **

Rmail Address'

amy.patterson@enl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME FOX MEADOW, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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APR 11 2012

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 Fox Meadow, LLC</u> | |
|---|---|
| 2. Jurisdiction of its organization: Delaware | |
| 3. Date authorized to do business in Florida: 11/17/2006 | |
| 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 Fox Meadow Golf, 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: | ie |
| Signature of a pember or the authorized representative of a member | SECRETARY OF STATE OF STATE OF SCALE CALL CALL CALL CALL CALL CALL CALL |
| Filing Fee: \$25.00 | <u>a</u> |
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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 FOX MEADOW,

LLC", CHANGING ITS NAME FROM "CNL INCOME FOX MEADOW, LLC" TO

"CLP FOX MEADOW GOLF, LLC", FILED IN THIS OFFICE ON THE FIRST

DAY OF FEBRUARY, A.D. 2012, AT 8:52 O'CLOCK A.M.

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may verify this certificate online corp.delaware.gov/sythyer.shtml AUTHENTY CATION: 9337946

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DATE: 02-02-12

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CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME FOX MEADOW, LLC

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

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 11/3/2006 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 Fox Meadow Golf, 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

State of Delaware Secretary of State Division of Corporations Delivered 09:39 AM 02/01/2012 FILED 08:52 AM 02/01/2012 SRV 120108645 - 4246001 FILE