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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 AMY J. PATTERSON
Account Name : CNL FINANCIAL GROUP, INC. From: Account Number : 113615003626 : (407)650~1000 Phone : (407)540-2699 Fax Number **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 ROYAL MEADOWS, LLC 50 Certificate of Status Certified Copy A Page Count 03 Estimated Charge \$25.00 J. SAULSBERRY EXAMINER

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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 State: CNL Income Royal Meadows, LLC	nt of	2012 MAY
2.	Jurisdiction of its organization: Delaware	SSEE F	
3.	Date authorized to do business in Florida: 11/17/2006		්ධ යි
	SECTION II (4-7 complete only the applicable changes)	>	
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 2/16/2012		~
5.	New name of the limited liability company: CLP Royal Meadows, LLC (must end with "Limited Liability Company," "L.L.C.," or "	'LLC.")	-
Flor the or	f name unavailable, enter alternate name adopted for the purpose of transacting business lorida and attach a copy of the written consent of the managers or managing members added attach a copy of the written consent of the managers or managing members added attach a copy of the written consent of the managers or managing members added attach at a copy of the written and with "Limited Liability Company," "L.L. "L.C.") If the amendment changes the period of duration, indicate new period of duration:	opting	-
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 t	he •
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementiamendment(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 of the authorized representative of a member	oned jurisc	liction

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00



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 ROYAL MEADOWS, LLC", CHANGING ITS NAME FROM "CNL INCOME ROYAL MEADOWS, LLC" TO "CLP ROYAL MEADOWS, LLC", FILED IN THIS OFFICE ON THE PIFTEENTH DAY OF FEBRUARY, A.D. 2012, AT 3:08 O'CLOCK P.M.

4245998 8100

120173859

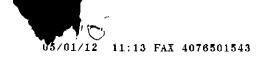
05/0171

£13 FAX 4078501543

You may verify this certificate onling at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 9370709

DATE: 02-16-12



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State of Delaware Secretary of State Division of Corporations Delivered 03:17 PM 02/15/2012 FILED 03:08 PM 02/15/2012 SRV 120173859 - 4245998 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME ROYAL MEADOWS, LLC

FIRST. The name of the limited liability company is CNL INCOME ROYAL MEADOWS, 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 Royal Meadows, LLC."

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 15th day of February, 2012.

By: /S/ AMY J. PATTERSON

Name: Amy J. Patterson Title: Authorized Person SECRETARY OF STATE