

Division of Corporations

MD7000000725

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 18 AM 8:30

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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 ENCHANTED VILLAGE, LLC

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

C. LEWIS

MAY 21 2012

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

H12000092280 3

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 Enchanted Village, LLC
2. Jurisdiction of its organization: Delaware MO 7000000 725
3. Date authorized to do business in Florida: 2/6/2007

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 Enchanted Village, 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:

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.

Amy J. Patterson
Signature of member or the authorized representative of a member

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

H12000092280 3

H12000092280 3

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 ENCHANTED VILLAGE, LLC", CHANGING ITS NAME FROM "CNL INCOME ENCHANTED VILLAGE, LLC" TO "CLP ENCHANTED VILLAGE, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 8:47 O'CLOCK A.M.

4287354 8100

120108619

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9337949

DATE: 02-02-12

H12000092280 3