

#1070000730

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To:

Division of Corporations  
Fax Number : (850) 617-6383

AMY J. PATTERSON

From:

Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 540-2699

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Email Address

amy.patterson@cnl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CNL INCOME FRONTIER CITY, LLC

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

K. SALY  
EXAMINER  
JUN 11 2012

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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 of State: CNL Income Frontier City, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: 2/6/2007

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**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 Frontier City, 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 a member or the authorized representative of a member

Amy J. Patterson, Authorized Representative  
Typed or printed name of signee

Filing Fee: \$25.00

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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 FRONTIER CITY, LLC", CHANGING ITS NAME FROM "CNL INCOME FRONTIER CITY, LLC" TO "CLP FRONTIER CITY, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 8:53 O'CLOCK A.M.

4287348 8100

120108649



You may verify this certificate online at [corp.delaware.gov/outhver.shtml](http://corp.delaware.gov/outhver.shtml)

Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9337947

DATE: 02-02-12

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:39 AM 02/01/2012  
FILED 08:53 AM 02/01/2012  
SRV 120108649 - 4287348 FILE

**CERTIFICATE OF AMENDMENT**

**TO**

**CERTIFICATE OF FORMATION**

**OF**

**CNL INCOME FRONTIER CITY, LLC**

**FIRST.** The name of the limited liability company is CNL INCOME FRONTIER CITY, LLC (the "Company").

**SECOND.** Article 1 of the Certificate of Formation of the Company, filed on 1/18/2007 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 Frontier City, 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

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