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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CNL MULTIFAMILY III, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED

07 DEC -7 PM 3:19

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TALLAHASSEE, FLORIDA

07 DEC -7 AM 8:39

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SECRETARY OF STATE  
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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 Multifamily III, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: August 1, 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? 12/3/2007
5. New name of the limited liability company: CNL Select Partners I, 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.

  
Signature of a member or the authorized representative of a member

Linda A. Scarcelli

Typed or printed name of signee

Filing Fee: \$25.00

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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, 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 MULTIFAMILY III, LLC", CHANGING ITS NAME FROM "CNL MULTIFAMILY III, LLC" TO "CNL SELECT PARTNERS I, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF DECEMBER, A.D. 2007, AT 3:59 O'CLOCK P.M.



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

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6205342

DATE: 12-04-07

12/07/2007 16:16 FAX

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:10 PM 12/03/2007  
FILED 03:59 PM 12/03/2007  
SRV 071277494 - 4357646 FILE

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
CNL MULTIFAMILY III, LLC**

This Certificate of Amendment to Certificate of Formation was duly executed and is being filed in accordance with Section 18-202 of the Delaware Limited Liability Company Act.

1. The name of the limited liability company is CNL Multifamily III, LLC.
2. The Certificate of Formation of the limited liability company, filed on May 23, 2007, in the Office of the Secretary of State of the State of Delaware, is hereby amended as follows:

**FIRST:** The name of the limited liability company shall be CNL Select Partners I, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of CNL Multifamily III, LLC this 3rd day of December, 2007.

**CNL SELECT PARTNERS I MEMBER, LLC**  
(f/k/a CNL Multifamily III Member, LLC), a  
Florida limited liability company, its managing  
member

By:   
Name: LINDA A. SCARCELLI  
Title: Secretary

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