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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

\*\*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@enl.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME EAGL NORTH GOLF, LLC

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

C. LEWIS APR 1 9 2012

EXAMINER

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04/18/12 12:27 FAX 4076501543

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE JAMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** H12000092248 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 Eagle North Golf, LLC
2.	Jurisdiction of its organization: Delaware MD7000006617
3.	Date authorized to do business in Florida: 11/7/2007
	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? 2/1/2012
5.	New name of the limited liability company: CLP North Golf, LLC (must end with "Limited Liability Company." "L.L.C.," or "LLC." or "LLC."
Flo	name unavailable, enter alternate name adopted for the purpose of transacting business in prida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."
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:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	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  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 EAGL NORTH
GOLF, LLC", CHANGING ITS NAME FROM "CNL INCOME EAGL NORTH GOLF,
LLC" TO "CLP NORTH GOLF, LLC", FILED IN THIS OFFICE ON THE FIRST
DAY OF FEBRUARY, A.D. 2012, AT 8:44 O'CLOCK A.M.

4450574 8100

120108611

You may varify this cartificate coline at corp.dalaware.gov/authwer.shtml

AUTHENTICATION: 9337908

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 09:26 AM 02/01/2012 FTLED 08:44 AM 02/01/2012 SRV 120108611 ~ 4450574 FILE

### CERTIFICATE OF AMENDMENT

TO

#### CERTIFICATE OF FORMATION

OF

### CNL INCOME EAGL NORTH GOLF, LLC

FIRST. The name of the limited liability company is CNL INCOME EAGL NORTH GOLF, LLC (the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 11/1/2007 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 North 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 L PATTERSON

Name: Amy J. Patterson Title: Authorized Person