Florida Department of State

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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 MAY - 3 2017 L. SELLERS

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 TRADITIONAL GOLF I, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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SECRETARY OF STATE

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Help

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 Traditional Golf I, LLC |
|-----------|---|
| 2. | Jurisdiction of its organization: Delaware |
| 3. | Date authorized to do business in Florida: 3/11/2008 |
| | 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 Traditional Golf I, LLC |
| | (must end with "Limited Liability Company," "L.L.C.," or "LLC.") |
| Fl- th | name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "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 under the law of which this entity is organized. Signature of a member of the authorized representative of a member |
| | Amy J. Patterson, Authorized Representative Typed or printed name of signee |
| | Filing Fee: \$25.00 □ □ ♥ |

Delaware

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 TRADITIONAL GOLF I, LLC", CHANGING ITS NAME FROM "CNL INCOME TRADITIONAL GOLF I, LLC" TO "CLP TRADITIONAL GOLF I, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:52 O'CLOCK A.M.

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Jeffrey W. Bullock. Secretary of State

AUTHENTICATION: 9338732

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 10:55 AM 02/01/2012 FILED 10:52 AM 02/01/2012 SRV 120109531 - 4499386 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME TRADITIONAL GOLF I, LLC

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

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 2/4/2008 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 Traditional Golf L 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