



Division of Corporations **Electronic Filing Cover Sheet**

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(((H12000091984 3)))



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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 : (407)650-1000 Phone

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@cn).com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME BROAD BAY GOLF, LLC

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

B. BOSTICK

MAY 26 2012 -

EXAMINER

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H12000091984 3

SECTION I (1-3 must be completed)

 Name of limited liability company as it appears on the records of the Florida Department of State: CNL Income Broad Bay Golf, LLC 		
2.	2. Jurisdiction of its organization: Delaware	08000001162
3.	3. Date authorized to do business in Florida: 3/11/2008	
	SECTION II (4-7 complete only the applicable chang	es)
	4. If the amendment changes the name of the limited liability company, when change effected under the laws of its jurisdiction of organization? <u>2/1/2012</u>	
5	5. New name of the limited liability company: CLP Broad Bay Golf, LLC	
₽.	(must end with "Limited Liability Company,	" "L.L.C" or "LLC.")
FI th or 6.	(If name unavailable, enter alternate name adopted for the purpose of transacti Florida and attach a copy of the written consent of the managers or managing the alternate name. The alternate name must end with "Limited Liability Compor "LLC.") 6. If the amendment changes the period of duration, indicate new jurpose the jurisdiction of organization, indicate new jurpose of transacti purpose	members adopting pany," "L.L.C."
8.	8. If the amendment corrects any false statement, indicate the statement bein correction:	g corrected and the
9.	9. Attached is an original certificate, no more than 90 days old, evidencing the amendment(s), duly authenticated by the official having custody of recunder the law of which this entity is organized. Signature of a member or the authorized representative of a mem	ords in the jurisdiction

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

PAGE

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 BROAD BAY GOLF, LLC", CHANGING ITS NAME FROM "CNL INCOME BROAD BAY GOLF, LLC" TO "CLP BROAD BAY GOLF, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 8:33 O'CLOCK A.M.

12 APR -9 PH 3:54

4499389 8100

120108564

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

AUTHENTY CATION: 9337875

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 09:21 AM 02/01/2012 FILED 08:33 AM 02/01/2012 SRV 120108564 — 4499389 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME BROAD BAY GOLF, LLC

FIRST. The name of the limited liability company is CNL INCOME BROAD BAY GOLF, 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 Broad Bay 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 J. PATTERSON

Name: Amy J. Patterson Title: Authorized Person 2 APR-9 PH 3:54

5/21/2012 10:23:07 AM PAGE

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May 21, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CNL INCOME BROAD BAY GOLF, LLC PO BOX 4920

ORLANDO, FL 32802

SUBJECT: CNL INCOME BROAD BAY GOLF, LLC

REF: M08000001162

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: E12000091984 Letter Number: 112A00014778

originally faxed 4/9/12 well within. 90 days.