Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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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

Fax Number

: (407)650-1000 : (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:	linda.scarcell@cnl.com	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL MACQUARIE INCOME GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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JAN 1 4 2009

1/12/2010



January 13, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

LINDA A. SCARCELTI CNL FINANCIAL GROUP, INC.

SUBJECT: CNL MACQUARIE INCOME GP, LLC

REF: M09000000948



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.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6043.

Joey Bryan Regulatory Becialist II

FAX Aud. #: H10000007380 Letter Number: 610A00000976

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Attached

Mark you

P.O BOX 6327 - Tallahassee, Florida 32314

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY OF THE 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 Macquarie Income GP, LLC
	LCR H
2.	Jurisdiction of its organization: Delaware
	SSE T
3.	Date authorized to do business in Florida: March 9, 2009
	Date authorized to do business in Florida: March 9, 2009 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? December 21, 2009
5.	New name of the limited liability company: Macquarie CNL Income GP, LLC
•	(must end with "Limited Liability Company," "L.L.C.," or "I.I.C.")
Fl th	finame 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 lternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
б.	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

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 MACQUARIE INCOME GP, LLC", CHANGING ITS NAME FROM "CNL MACQUARIE INCOME GP, LLC" TO "MACQUARIE CNL INCOME GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2009, AT 11:54 O'CLOCK A.M.

4661470 8100

ou may verify this cortificate online t corp. delaware.gov/authver.ahtml

Jeffrey W. Bullock, Secretary of State 170N: 7715062

AUTHENT'X CATION :

DATE: 12-22-09

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State of Delaware
Secretary of State
Division of Corporations
Delivered 12:09 FM 12/21/2009
FTTRD 11:54 AM 12/21/2009
SRV 091120831 - 4661470 FILE

STATE OF DELAWARE CERTIFICATE OF AMENOMENT OF CNL MACQUARIE INCOME GP, LLC A DELAWARE LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is CNL Macquarie Income GP, LLC.

SECOND: The Certificate of Formation of the limited liability company, filed on March 4, 2009, in the Office of the Secretary of State of the State of Delaware, is hereby amended as follows:

The name of the limited liability company shall be Macquarie CNL Income GP, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of CNL Macquarie Income GP, LLC this 18 day of December 2009.

AUTHORIZED PERSON:

By: D. Shackelford