

MD9000000948

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(((H11000176360 3)))



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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

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Email Address: linda.scarcelli@cnl.com

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

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

A. LUNT  
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EXAMINER

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

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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: Macquarie CNL Income GP, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: March 9, 2009

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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? June 30, 2011
5. New name of the limited liability company: Global Income GP, 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.," "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 of the authorized representative of a member
LINDA A. SCARCELLI

Typed or printed name of signer

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Filing Fee: \$25.00

# Delaware

PAGE 1

*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 "MACQUARIE CNL INCOME GP, LLC", CHANGING ITS NAME FROM "MACQUARIE CNL INCOME GP, LLC" TO "GLOBAL INCOME GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2011, AT 3:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTIETH DAY OF JUNE, A.D. 2011.



4661470 8100

110776922

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

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8875739

DATE: 06-30-11

H110001763603

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:10 PM 06/29/2011  
FILED 03:27 PM 06/29/2011  
SRV 110776922 - 4661470 FILE

**CERTIFICATE OF AMENDMENT**

**OF**

**MACQUARIE CNL INCOME GP, 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 Macquarie CNL Income GP, LLC.
2. 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 Global Income GP, LLC.

3. The effective date of this Certificate of Amendment shall be June 30, 2011.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Macquarie CNL Income GP, LLC this 29 day of June, 2011.

MACQUARIE CNL GLOBAL INCOME TRUST, INC., a Maryland corporation, as Managing Member

By: Steven D. Shackelford  
Steven D. Shackelford  
Chief Financial Officer and Secretary

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