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

Enter the small 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

MAY 18 AM 7: 86 CHETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME BOHEMIA VISTA MARINA, LLC

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

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4/9/2012

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 Departm	ent of	
	State: CNL Income Bohemia Vista Marina, LLC		
		Ξ_{i}	5
2.	Jurisdiction of its organization: Delaware	FS:	S MAY
		岩 二	
_	- 4/20/2040	SS	18 E
3.	Date authorized to do business in Florida: 4/30/2010	700	是四
	SECTION II (4-7 complete only the applicable changes)	FLO	A 62.
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? 2/1/2012	ROA	<u>ဆ</u> ဆ
5	New name of the limited liability company: CLP Bohemia Vista Marina, LLC		
J.	(must end with "Limited Liability Company," "L.L.C.," or	"LLC.")	
Flo	f name unavailable, enter alternate name adopted for the purpose of transacting busines orida and attach a copy of the written consent of the managers or managing members a e alternate name. The alternate name must end with "Limited Liability Company," "L.I "LLC.")	dopting	
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 correction:	d and th	ne
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signature of a member of the authorized representative of a member.		liction
	Army J. Patterson, Authorized Representative Typed or printed name of signee		
	Types of printed hante of states		

Filing Fee: \$25.00

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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 "CNL INCOME BOHEMIA VISTA MARINA, LLC", CHANGING ITS NAME FROM "CNL INCOME BOHEMIA VISTA MARINA, LLC" TO "CLP BOHEMIA VISTA MARINA, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 8:31 O'CLOCK A.M.

4816446 8100

120108560

You may warify this certificate online at corp. delaware. gov/authver.ehtml

AUTHENTY CATION: 9337871

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 09:12 AM 02/01/2012 FILED 08:31 AM 02/01/2012 SRV 120108560 - 4816446 FILE

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CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME BOHEMIA VISTA MARINA, LLC

FIRST. The name of the limited liability company is CNL INCOME BOHEMIA VISTA MARINA, LLC (the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 4/27/2010 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 Bohemia Vista Marina, 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