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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

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 Addrer

amy.patterson@cnl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL INCOME SENIOR HOLDING, LLC

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H120001209523

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 Senior Holding, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 12/9/2010
	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 Senior Holding, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Fl th or	f 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 e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") 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

Filing Fee: \$25.00

Arny J. Patterson, Authorized Representative
Typed or printed name of signee

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 SENIOR
HOLDING, LLC", CHANGING ITS NAME FROM "CNL INCOME SENIOR
HOLDING, LLC" TO "CLP SENIOR HOLDING, LLC", FILED IN THIS OFFICE
ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:32 O'CLOCK A.M.



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at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 9338491

DATE: 02-02-12

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State of Delaware Secretary of State Division of Corporations Delivered 10:43 AM 02/01/2012 FILED 10:32 AM 02/01/2012 SRV 120109188 - 4901907 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME SENIOR HOLDING, LLC

FIRST. The name of the limited liability company is CNL INCOME SENIOR HOLDING, LLC (the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 11/22/2010 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 Senior Holding, 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