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Florida Department of State
Division of Corporations
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APR 25 2012
L. SELLERS

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 email 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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CNL INCOME TCV OWNER, LLC

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

RECEIVED
12 APR 24 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 24 PM 1:57

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H120001112443

**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 TCV Owner, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 6/21/2011

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? 1/27/2012
5. New name of the limited liability company: CLP TCV Owner, LLC
(must end with "Limited Liability Company," "L.L.C.," or "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." 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.

Amy J. Patterson
Signature of a member or the authorized representative of a member

Amy J. Patterson, Authorized Representative
Typed or printed name of signer

Filing Fee: \$25.00

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12 APR 24 PM 1:47
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TALLAHASSEE, FLORIDA

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Delaware

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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 TCV OWNER, LLC", CHANGING ITS NAME FROM "CNL INCOME TCV OWNER, LLC" TO "CLP TCV OWNER, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2012, AT 1:04 O'CLOCK P.M.

4996506 8100

120094471

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9328256

DATE: 01-30-12

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State of Delaware
Secretary of State
Division of Corporations
Delivered 01:15 PM 01/27/2012
FILED 01:04 PM 01/27/2012
SRV 120094471 - 4996506 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME TCV OWNER, LLC

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

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 6/14/2011 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 TCV Owner, LLC.

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 27th day of January, 2012.

By: /S/ AMY J. PATTERSON

Name: Amy J. Patterson

Title: Authorized Person

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