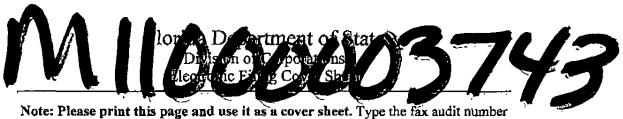
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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H120001209023ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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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

FILED

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SECRETARY OF STATE

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

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2 HAY - I AM 7: 10

ECHELANASSEE FLONIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	03
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EXAMINER

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H120001309023

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 Nevada MO Owner, LLC	•
2.	Jurisdiction of its organization: Delaware	-
3.	Date authorized to do business in Florida: 7/25/2011	
	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? 2/1/2012	-
5.	New name of the limited liability company: CLP Nevada MO Owner, LLC > \infty \cdots \c	12 茶
Fl th	f name unavailable, enter alternate name adopted for the purpose of transacting business horida 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."	上三章
6.	If the amendment changes the period of duration, indicate new period of duration:	17
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:	ne
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 jurisd under the law of which this entity is organized. Signature of a member or the authorized representative of a member	liction

Amy J. Patterson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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 INCOME NEVADA MO OWNER, LLC", CRANGING ITS NAME FROM "CNL INCOME NEVADA MO OWNER, LLC" TO "CLP NEVADA MO OWNER, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:14 O'CLOCK A.M.

5002971 8100

120109079

You may verify this certificate online at corp. delaware.gov/cuthver.ohtml

AUTHENTY CATION: 9338348

DATE: 02-02-12

CSS ADMIN

2021 H 120001209023

State of Delaware Secretary of State Division of Corporations Delivered 10:22 AM 02/01/2012 FILED 10:14 AM 02/01/2012 SRV 120109079 - 5002971 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CNL INCOME NEVADA MO OWNER, LLC

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

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 6/27/2011 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 Nevada MO Owner, 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