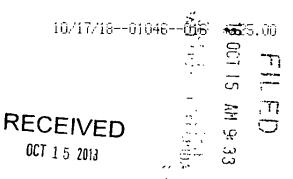
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COVER LETTER

	Registration Sec Division of Corp				
cub ira		oldings 1, LLC			
Name of Limited Liability Company					
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Star M. Sansone			
			Name of Person		
		Dell Salter, P.A.			
			Firm/Company		
		3940 N.W. 16th Blvd., Blc	lg. B		
SUBJECT: The enclosed Please return For further in Star M. Sans			Address		
		Gainesville, FL 32605			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	er information co	oncerning this matter, please ca	all:		
Star M. S	Sansone		352 416-0090 at ()		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	c following amount:			
\$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kallman Holdings 1, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/05/2007	and assigned		
Florida document number L07000070460				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
Terrapin F, LLC				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	ESS)			
		2.00		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		U		
The state of the s		3 10		
		ا الله الله		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ls, enter the name of the n		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	'88		
	, Florida			
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
		···	□ Change
			Remove
			□ Rdd I □ Remove □ Vermove □ Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 6 ents, this date will not be I	605.0207 (. isted as tl
the record specifies a delayed effective date, but not an effective time, at 1° .) The 90th day after the record is filed.	2:01 a.m. on the ear	lier of:
Dated October 4th 2018 October 4th		
(ly-P. Kel		
Signature of a member or authorized representative of a member		
Clayton B. Kallman		

Page 3 of 3

Filing Fee: \$25.00