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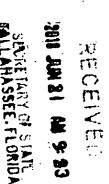
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## EHEF INVESTMENT LLC

6503 N.Military Trl. Apr. 1001, Boca Raton, FL, 33406 (561)212-7599

TO: Registration Section Division of Corporations EHEF Investment Group LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Edison Rosales** Name of Person **EHEF Investment Group LLC** Firm/Company 6503 N Military Trl. Apt 1001 Address Boca Raton, FL, 33496 City/State and Zip Code frosales561@gmail.com E-mail address: (to be used for fliture annual report notification) For further information concerning this matter, please call: Edison Rosales Name of Person Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

**□** \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

STREET/COURIER ADDRESS:

S60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EHEF Investment Group LLC	
(Name of the Limited Liability Company (A Florida Limited Lin	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 07/21/2017 and assigned
Florida document number L1700150267	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
KTEL 52 LLC	
The new name must be distinguishable end contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office	re address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	<b>z</b> • <b>∞</b>
New Neglistered Orace Address.	Enter Florida stroet address
	2
	City: Florida Do
New Registered Agent's Signature, if changing Registered Agent:	(A)
I hereby accept the appointment as registered agent and agree	to get in this canacity. I further comes to commit with the
provisions of all statutes relative to the proper and complete pe	
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605, F.S. Or, if the document is
being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	idress, I hereby confirm that the limited Hability

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	ck does not mee	t the applicable :	e of filing or more the	(optional) an 90 days after filing unrements, this date	) ) Pursuant to 6 e willingt be li	505,020
e record specifies a delayed The 90th day after the reco		e, but not an	effective time	, at 12:01 a.m.	onwie ear	Ser o
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	ignature of a men	nber or authorized	representative of a	member		

Page 3 of 3

Filing Fee: \$25.00