L18000119532

| (De least to News) |
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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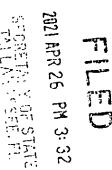
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| TO: Registration Se Division of Cor | | | | |
|--|--|---|--|---------------|
| | Y HANDS REALTY, LLC | | • | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | LAURENT MINGUEZ | | | |
| | | Name of Person | | |
| | HEAVENLY HANDS RE | EALTY, LLC | | |
| | | Firm/Company | · · · | 20 |
| | 461 ORIOLE LN | | | 7021 APR 26 |
| | | Address | | 326 |
| | JUPITER, FL 33458 | | 3858 30 A | 2217 |
| | | City/State and Zip Code | mos Titl | PM 3: 32 |
| | LAURENT@HHRLTY.CO | DM to be used for future annual report notil | Elizabeth Company | 32 |
| For further information of | oncerning this matter, please c | - | ittationi | |
| | oncerning this matter, piease e | | | |
| LAURENT MINGUEZ | | 561 403-8542 at () | | |
| Name of | l'Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for th | e following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60,00 Filing I Certificate of Certified Copy (additional copy) | Status & y |
| Mailing Address Registration S | | Street Address: Registration Sec | ction | |
| Division of C | orporations | Division of Cor | | |
| | | The Centre of T | | |
| Division of C P.O. Box 632 Tallahassee F | 7 | The Centre of T | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HEAVENLY HANDS REALTY, LLC | | |
|--|--|-----------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our re ited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Comp Florida document number L18000119532 | pany were filed on 05/14/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| CHOSEN REAL ESTATE ADVISORS, LLC | | |
| The new name must be distinguishable and contain the words "Limited I | liability Company," the designation ' | |
| Enter new principal offices address, if applicable: | | 2021 AP |
| <u>Principal office address MUST BE A STREET ADDRESS</u> | <u> </u> | 2 7 |
| Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX" | | PH 3 32 |
| 3. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>er</u> | nter the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street a | ddress |
| | | |
| | City | , Florida Zip Code |
| | Cij | z.yr Cow |

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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| ecti | ve date, if other than the date of filing: (optional) (opti |
| i effe te: | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) runsualized 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will now be listed. |
| | ent's effective date on the Department of State's records. |
| | and the second of the second o |
| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| s fik | ed. |
| | |
| ed_ | April 20 2021 |
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Typed or printed name of signee