

# L23000267955

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

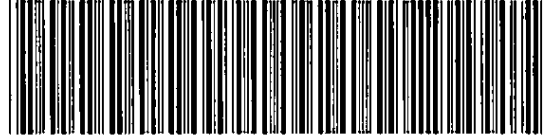
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Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
2023 JUN 8 PM 12:28  
STATE  
OFFICE  
TALLAHASSEE, FL



2023 JUN 8 PM 2:40

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 : \$30.00

Authorization Signature *Jan Chubb*  
62 Realty Trust, LLC L23000267955  
BUSINESS DOC#

     Certified Copy of Articles  
  X   Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A. or member  
     Dissolution  
     Change of Registered Agent  
     Revocation of Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     **Statement of Authority**

**OTHER FILINGS**

     **Trademark**  
     Annual Report  
     Fictitious Name  
     APOSTILLE

Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement

           Other

EXAMINER'S INITIALS:

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 62 Realty Trust, LLC

\_\_\_\_\_  
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:

Cynthia Davies

\_\_\_\_\_  
Name of Person

CINDY'S FLORIDA LLC

\_\_\_\_\_  
Firm/Company

8051 TAMiami TRAIL SUITE E6

\_\_\_\_\_  
Address

SARASOTA, FL 34243

\_\_\_\_\_  
City/State and Zip Code

reports@wyomingllcattomey.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Davies

727 300-0042  
at ( ) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

62 REALTY TRUST, LLC

2023. 1-8 PM 12: 28

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/02/2023 and assigned

Florida document number 1.23000267955

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and 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 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:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Supra Holdings LLC	1309 Coffeen Avenue STE 1200	<input checked="" type="checkbox"/> Add
		Sheridan, WY 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Cloud Peak Law Group	8051 N. TAMiami TRAIL STE E6	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013-11-08 PM 12:28  
STATE  
HARRIS, FL

RECEIVED  
JUN 12 1968  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 8, 2023

Cynthia Davies

Typed or printed name of signee