# U9000 86122

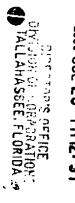
(	Requestor's Name)
(,	Address)
(.	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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Office Use Only



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6

# **COVER LETTER**

TO: Registration Section 'Division of Corporations
SUBJECT: Capital City Liquidations LCC 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:
NAT HURISING Name of Person
Ald Sidel Dorden & Company
74 COMMERCE STREET
Montgomery AL 36104 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status C

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 .Sc.

26

Capital City Liquidations LLC

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

The Articles of Organization for this Limited Liability Company lorida document number 1.19000086122		_	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
Discount Mattress by Appointment LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "I	.1C."	
inter new principal offices address, if applicable:	2764 West Tennessee St, Suite 3		
Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32304		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	2790 West Tennessee St Tallahassee, FL 32304		
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the ne	w regis	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	TladJa		

## 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 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
P Ameer 1	Ameer T Dib	1105 Kickapoo Ct	
		Tallahassee, Fl. 32311	Remove
			🗏 Change
VP Fadi Dib	Fadi Dib	7040 Sawley Ct	<b>=</b> Add
		Tallahassee, FL 32317	□Remove
			□Change
			□ Add
		····	□Remove
			Change
			□Add
			□Remove
			□Change
		<del></del>	
		<del></del>	□Remove
		<del> </del>	□Change
		<del> </del>	□Add
			□Remove
			□Change

D. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del>	
-	
-	
(If an effecti Note: If	e date, if other than the date of filing:
record is filed	
Dated	07/26/2023
_	07/26/2023  ANTER DE  Signature of a member or authorized representative of a member
	AMELY DIS

Filing Fee: \$25.00

Typed or printed name of signee