

L19000086122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

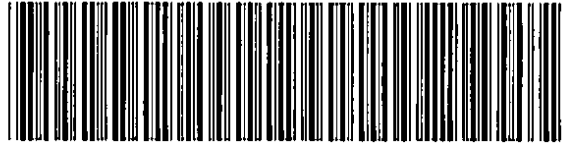
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Special Instructions to Filing Officer:

J. HORNE  
JUL 26 2023

Office Use Only



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07/26/23--01016--010 \*\*35.00

RECEIVED  
2023 JUL 26 PM 12:31  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Capital City Liquidations 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:

NAT Hueising  
Name of Person

Aldridge Borden & Company  
Firm/Company

74 Commerce Street  
Address

Montgomery, AL 36104  
City/State and Zip Code

ameer.dib@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMEER DIB at (850) 294 7006  
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

SECRET  
JUN 26 1964  
TALLAHASSEE

**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>
P	Ameer T Dib	1105 Kickapoo Ct	<input type="checkbox"/> Add
		Tallahassee, FL 32311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Fadi Dib	7040 Sawley Ct	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 07/26/2023.

Amir DIB

Signature of a member or authorized representative of a member

Ameer DIB

Typed or printed name of signee

**Filing Fee: \$25.00**