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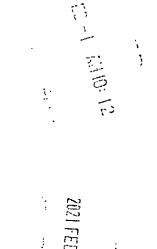
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Prov		CC100 LLC	
		aced maniffer Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	hegistered	Hents Inc.	
	7901 4th	Street Worth	Suite 300
	St. Peterst	City state and Zip Code Code	33702
	E-mail address: (to be used for future annual report notif	ication)
For further information cor	cerning this matter, please c	all:	
Shamara	Slow	at (904) 525 -	2300
Name of I	'erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

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

Prom Dress Auction (Name of the Limited Liability Comparing (A Florida Limited L.)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000193268</u> .	were filed on 07/07/a020	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. Resident LLC The new name most be distinguishable and contain the words "Limited Liabile."		viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4651 Salisbury Ru Suite 400	12256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent: New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	7D
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if i	niliaEwith and This;document is

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
AMBR	B. Micheal Stoam	1300 Shotter Averlyphi	\(\int \) Add
			□Remove
			□Change
<u>(40</u>	Shermara Stoan	7901 4m Street Wort	<u> </u>
		Suite 300	□Remove
		St. Petersburg, FC 332	Change
4 mbr !	B. Michael Slace	7901 4th Street Morth	
		Sute 300	□Remove
		St Petersburg, FC 3370	<u>≯</u> □Change
			□Remove
			□Change
			□Add
		·	□Remove
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(If an effe Note:	ve date, if other than the date of filing:
the record cord is file	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 ed.
Dated _	January 13 . 2621. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Shamaa Sloca Typed or printed name of signee