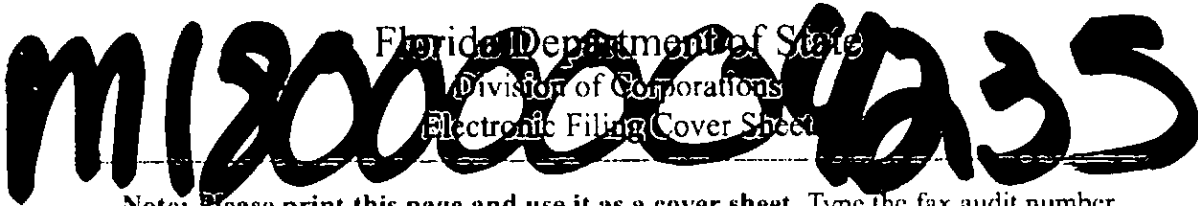


11/27/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000346038 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PACIFIC COAST FEATHER CUSHION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Pacific Coast Feather Cushion, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000004235

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 2, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PCFC Liquidation, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

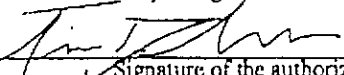
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	James Allen	901 Yamato Road, Suite 250	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
Manager	March Eichhorn	901 Yamato Road, Suite 250	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
Member	PCF Liquidation	410 Park AVE., Ste. 900	<input checked="" type="checkbox"/> Add
		New York, NY. 10022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Timothy Daileader, Authorized Signatory

 Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PACIFIC COAST FEATHER CUSHION, LLC", CHANGING ITS NAME FROM "PACIFIC COAST FEATHER CUSHION, LLC" TO "PCFC LIQUIDATION, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2019, AT 3:20 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6445445 8100
SR# 20198173620

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204051008
Date: 11-20-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:20 PM 11/19/2019
FILED 03:20 PM 11/19/2019
SR 20198173620 - File Number 6445445

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
PACIFIC COAST FEATHER CUSHION, LLC**

The undersigned, being duly authorized to execute and file this Certificate of Amendment to Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST

The name of the limited liability company is Pacific Coast Feather Cushion, LLC (the "Company").

SECOND

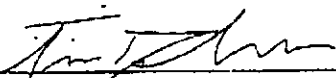
Paragraph 1 of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

1. Name. The name of the limited liability company is PCFC Liquidation, LLC (the "Company").

* * * * *

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of
Amendment to Certificate of Formation as of the 7th day of November, 2019.

PACIFIC COAST FEATHER CUSHION, LLC

By: 
Name: Timothy Daileader
Title: Authorized Signatory