

M1200001619

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000342232 3)))



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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
SALT LIFE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 11 PM 5:25

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

H24000342232

TO: Registration Section
Division of Corporations

SUBJECT: Salt Life, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor McCoy

Name of Person

Polsinelli PC

Firm/Company

1401 Lawrence ST STE 2300

Address

Denver CO 80202

City/State and Zip Code

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

For further information concerning this matter, please call:

Taylor McCoy

at (303) 583-8321

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

1124000342232

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: Salt Life, 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: MI2000001619

3. Jurisdiction of its organization: GA

4. Date authorized to do business in Florida: 03/21/2012

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

5. New name of the limited liability company: SL 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

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

DocuSign Envelope ID: BCD30481-24F2-4831-8FE1-AE0D5BC99503

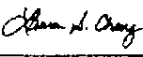
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

H24000342232

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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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.


 AAC68DEAF27E407
 Signature of the authorized representative

Lauren S. Chang

Typed or printed name of signee

Filing Fee: \$25.00

1124000342232

Control Number : 09021326

STATE OF GEORGIA

Secretary of State

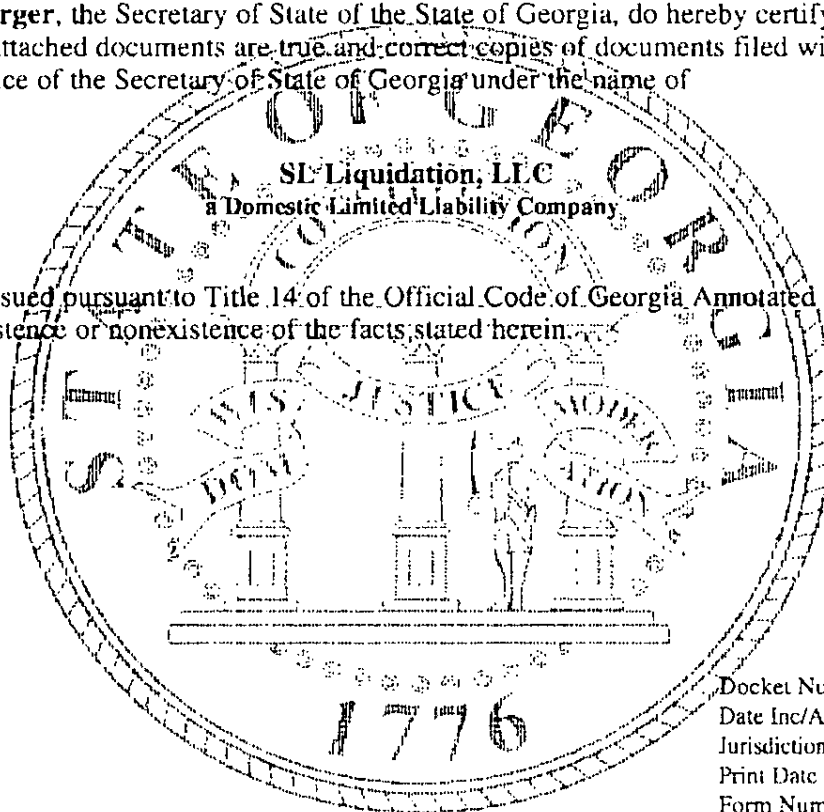
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFIED COPY

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

SL Liquidation, LLC
a Domestic Limited Liability Company

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



Docket Number : 28159629
Date Inc/Auth/Filed: 03/24/2009
Jurisdiction : Georgia
Print Date : 10/10/2024
Form Number : 215



Brad Raffensperger

Brad Raffensperger
Secretary of State

1124000342232

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

SALT LIFE LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 09/23/2024 changing its name to

SL Liquidation, LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 09/25/2024.



Brad Raffensperger

Brad Raffensperger
Secretary of State

Original Envelope ID: BC D304F1-2AF3-4631-BFE1-AE002E000003



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 657-2917
eos.georgia.gov/corporations

H24000342232

2024 SEP 23 PM 3:24
SECRETARY OF STATE
CORPORATIONS DIVISION

Articles of Amendment to Articles of Organization

Article One

The name of the limited liability company ("company") is:

Self Life, LLC

The control number is: 09021326

Article Two

The date the original articles of organization were filed was: 3/24/2009

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is:

SL Liquidation, LLC

Article Four

(Check, and if applicable complete, one of the following)

☒ The articles of amendment shall be effective upon the filing with the Secretary of State.

☐ The articles of amendment shall be effective on: _____ at _____
(Date) (Time)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

September 19, 2024

(Date)

Signed by
Lauren S. Chang
Secretary

Signature

Lauren S. Chang

Print Name*

Capacity (choose one option only): ☐ Organizer

☐ Member

☒ Manager

☐ Court-Appointed Fiduciary

☐ Attorney-in-fact

Email Address: lauren.chang@deltatapparel.com

* Enter individual's legal name, i.e., first and last name without use of initials or nicknames. Middle names or initials may be included.