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FILED  
2024 AUG 27 PM 4:55  
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HALL COUNTY, FL

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Gg's Extreme Shine Cleaning Services 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:

GEORGIA CLAYTON

Name of Person

Gg's Extreme Shine Cleaning Services LLC

Firm/Company

1717 NW 37 ST Oakland Park APT 5

Address

Fort Lauderdale Florida 33309

City/State and Zip Code

ggs.extremeshine@gmail.com

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

For further information concerning this matter, please call:

Georgia Clayton

Name of Person

at ( 772 ) 485-2450

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:**

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**

GG'S EXTREME SHINE CLEANING SERVICES 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 were filed on 02/23/2023 and assigned  
Florida document number L23000097350.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Reggae Cleaning Crew LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

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CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF DADE, FLORIDA

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office 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**

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>
AMBR	DWAYNE CLAYTON	1717 NW 37ST OAKLAND PARK APT 5	<input type="checkbox"/> Add
		FORT LAUDERDALE FLORIDA 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHANE CLAYTON	3605 NW 17 WAY OAKLAND PARK APT 205	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICAH MCCULLOR	1717 NW 37ST OAKLAND PARK APT 5	<input type="checkbox"/> Add
		FORT LAUDERDALE FLORIDA 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MICAH MCCULLOR	1717 NW 37 ST OAKLAND PARK APT 5	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FLORIDA 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**


To whom it may concern;

For the amendment made above just to ensure there is no confusing. Dwayne Clayton has withdrawn from his position and is no longer with the company. Shane Clayton has filled his position and Micah Mccullor is now the Manager in charge of the daily operations. Georgia Clayton will remain as Authorized Member as she is the Owner/ founder of the company.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 18, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GEORGIA CLAYTON

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**