3000120352

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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B. BOSTICK NOV 2 0 2013 **EXAMINER**

COVER LETTER

TO: Registration Section
Division of Corporations

Surrect. Alexandretta, 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:

Robert Kerns

Name of Person

Firm/Company

110 SE 13th Place

Address

Cape Coral, FL 33990

City/State and Zip Code

rljkerns@yahoo.com

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

For further information concerning this matter, please call:

Robert Kerns

_{3,7}410,608-9211

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alexandretta, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on August 26 2013 and assigned
Florida document number L13000120352	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here: 🌦
Clear.	field Group, LLC
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
	2
Enter new mailing address, if applicable:	
	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>्र</u>
D. If any disc the unistend and and/or many	
registered agent and/or the new registered office agent a	gistered office address on our records, <u>enter the name of the nev</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street uddress
	Florida
	City Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove Remove Remove Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
	Mi
	Signature of a member or authorized representative of a member
	Robert Kerns
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOT 19 PR 1: UU



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2013

ROBERT KERNS 110 SE 13TH PLACE CAPE CORAL, FL 33990

SUBJECT: ALEXANDRETTA LLC Ref. Number: L13000120352

ZUI3 NOT 19 PH 1: DU

We have received your document for ALEXANDRETTA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 013A00021804



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2013

ROBERT KERNS 110 SE 13TH PLACE CAPE CORAL, FL 33990

SUBJECT: ALEXANDRETTA LLC Ref. Number: L13000120352

2013 NOV 19 PH 1: UU

We have received your document for ALEXANDRETTA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 567665.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 613A00023243



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2013

ROBERT KERNS 110 SE 13TH PLACE CAPE CORAL, FL 33990

SUBJECT: ALEXANDRETTA LLC Ref. Number: L13000120352

2813 NOV 19 PK 1: UU

We have received your document for ALEXANDRETTA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000031846, THE CORINTHIAN GROUP, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 613A00024556