# P0900068732

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	·
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Office Use Only



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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	Yellow Cab-City, Inc.	
DOCUMENT NU	MBER:	P09000068732	······································
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Daniel D McCarthy	
	<i>)</i>	lame of Contact Person	
		Yellow Cab, Inc.	
		Firm/ Company	
	2741	N Pine Island Rd #201	
		Address	——————————————————————————————————————
	· .	Sunrise, FL 33322	
	<del></del>	ity/ State and Zip Code	<del></del>
_	ddmcc E-mail address: (to be use	csr@yahoo.com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
Da	niel D McCarthy	at (954)445	5-8060
Name	of Contact Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	c for the following amount m	nade payable to the Florida Departm	nent of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	✓ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



September 3, 2009

DANIEL MCCARTHY 2741 N PINE ISLAND RD, #201 SUNRISE, FL 33322

SUBJECT: YELLOW CAB-CITY-, INC.

Ref. Number: P09000068732

We have received your document for YELLOW CAB-CITY-, INC. and your check(s) totaling \$52.50. 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.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is V09011.

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) 245-6916.

Letter Number: 809A00029568

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### **Articles of Amendment** to **Articles of Incorporation** of

 Y	ellow	Ca	b-(	Cit	y,	Inc	

(Name of Corporation as currently filed with	the Florida Dept. of State)
P09000068732	2
(Document Number of Corpora	
Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
Yellow Cab_Inc	OF CENTRAL FLORIDA, INC.
Yellow Cab Inc.  name must be distinguishable and contain the word "con abbreviation "Corp.," "Inc.," or Co.," or the designation "name must contain the word "chartered," "professional associates.  B. Enter new principal office address, if applicable:	rporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation ciation," or the abbreviation "P.A."
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office	5700 WINDSONG OAKORIVE  LEESBURG FL 34748
new registered agent and/or the new registered office ac	
Name of New Registered Agent:	
New Registered Office Address: (Flo	rida street address)
	"Florida
(Cit).	
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
Signature of New	w Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Remove
		····	
	ling or adding additional Article Iditional sheets, if necessary). (E		
-			
		1 10 41	
F. <u>If an an</u>	nendment provides for an exchain ons for implementing the amend	nge, reclassification, or cancell nent if not contained in the an	nendment itself:
(if no	ot applicable, indicate N/A)		
····			

The date of each amendmen	t(s) adoption: August 26, 2009
Effective date if applicable:	August 26, 2009  (date of adoption is required)  (no more than 90 days often amondment file data)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group) ,"
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated Aug Signature	Sanul A Merunt
	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
app	onited fiduciary by that fiduciary)
•	Daniel D McCarthy
	(Typed or printed name of person signing)
	President / Director
	(Title of person signing)