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Division of Corporations

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Account Number : T20070000106

: (248)594-5888

Phone

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CLEARWATER YELLOW CAB, LLC

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

(((H07000201826 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT. Clearwater Yellow Cab, 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:

Alan I. Shanaman, Esq.

(Name of Person)

Shanaman & Rheaume, PLC

(Firm/Company)

200 E. Long Lake Rd., Suite 177

(Address)

Bloomfield Hills, MI 48304

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan I. Shanaman, Esq.

at (248) 594-5888

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25,00 Filing Fee

S30.00 Filing Fee & Certificate of Status

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MAILING ADDRESS: Registration Section

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Clearwater Yellow Cab, LLC | | | |
|---------|---|---------|-----------------------------|--|
| | (Present Name) (A Florida Limited Liability Company) | | | |
| | | | | |
| FIRST: | The Articles of Organization were filed on December 3, 2004 and assigned document number L04000087542 | | • | |
| SECOND: | This amendment is submitted to amend the following: Change the name of the limited liability company from Clearwater Yellow | r. ' | .7 % | |
| | Cab, LLC to reflect the new name of West Florida Transportation | • | | |
| · | Group, LLC | • | | |
| | | - | _ | |
| | | 07 4116 | SECRE | |
| | | | FILED TARY OF OF CORP | |
| | 7/ / 2007 | 1 8: 52 | STATE ORATIONS | |
| Dated | 2001 | | | |
| | Signature of a member or authorized representative of a member | | | |
| | Cullan F. Meathe, President Typed or printed name of signce | | | |
| | 7777 - 79 60# 00 | | | |

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