

P99000020519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

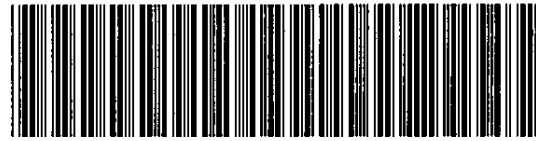
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700096328557

*Amend NC
Lewis*

2007 JUN 11 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

06/12/07--01010--007 **52.50

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KAJKUNJ

DOCUMENT NUMBER: P99000020519

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAJENDRA M. PATEL
(Name of Contact Person)

M+M MARKET
(Firm/ Company)

1534 THURSO ROAD
(Address)

LYNN HAVEN, FL - 32444
(City/ State and Zip Code)

RECEIVED
07 JUN 11 AM 8:00
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

RAJENDRA PATEL at (850) 819-6002
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2007

KAJAL, INC.
1534 THURSO ROAD
LYNN HAVEN, FL 32444

SUBJECT: KAJAL, INC.
Ref. Number: P99000020519

We have received your document for KAJAL, INC. and your check(s) totaling \$450.00. 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 of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Our office will consider waiving the reinstatement fee provided you return your corrected document, your letter requesting a waiver, this letter and your check(s) totaling \$35.00 within 30 days of the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 507A00037185



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2007

KAJAL, INC.
1534 THURSO ROAD
LYNN HAVEN, FL 32444

SUBJECT: KAJAL, INC.
Ref. Number: P99000020519

We have received your document for KAJAL, INC. and check(s) totaling \$1500.00. However, your check(s) and document are being returned for the following:

Due to the contents of your cover letter, we will waive the late fee or reinstatement fee for this filing. Please return your original letter along with the appropriate fees and completed annual report/reinstatement form to insure the waiver of these additional fees.

The total amount due to reinstate is \$450.00.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 107A00031807

Articles of Amendment
to
Articles of Incorporation
of

FILED

2007 JUN 11 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KAJAL INC

(Name of corporation as currently filed with the Florida Dept. of State)

P99000020519

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

KAJKUNJ INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

MANJULABEN R. PATEL

SECRETARY

ADD.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 06-07-07

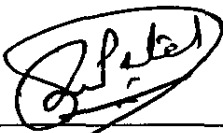
Effective date if applicable: 06-07-07
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RAJENDRA M. PATEL
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35