## PO6000120659

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Kajal Inc.		
DOCUMENT NUMI	BER: P06000120659		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ghanshyam Patel		
		Name of Contact Persor	1
	Kajal Inc.		
		Firm/ Company	
	1067 Princeton Drive	r iniii Company	
		Address	
	Clermont, FL 34711		
		City/ State and Zip Code	2
For further informatio	E-mail address: (to be us	sed for future annual report	notification)
Ghanshyam Patel		at (	443-9567
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Amo Divi P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

Kajal Inc.	30 PA 14: 30
(Name of Corpo	oration as currently filed with the Florida Dept. of State) STATE
P06000120659	THE EAHASSEE, FLORIDA
(De	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	he corporation:
N/A	The new
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the rthe abbreviation "P.A."
B. Enter new principal office address, if applic	N/A
(Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	E BOX)
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:
N/A	
Name of New Registered Agent	
	(Florida street address)
	(Florida sireel dadress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
I hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	DIGHULUTE OF MEN MEGISTETEU AGENT, IF CHUNGING

## 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	v	_	Dhruv Patel	1067 Princeton Dr
X Add				Clermont, FL 34711
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	-	
Add				
Remove				
4) Change		<del></del>		
<b>A</b> dd				
Remove				
5) Change				
/ Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional A (Attach additional sheets, if necessary	<u>vrticles, enter change(s) here</u> :  y). (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
<u> </u>	
	and the second second second second
provisions for implementing the at	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	)
N/A	

The date of each amendment(s) adoption:, if of date this document was signed.	her than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted 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.	
Dated 24 JULY 2015	
Signature Separate	
(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)	
Ghanshyam Patel	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	_