# P11000062459

| (Requestor's Name)  |
|---|
| (Address)   |
| (Address)   |
| (City/State/Zip/Phone #)  |
| PICK-UP WAIT MAIL   |
| (Business Entity Name)  |
| (Document Number)   |
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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:                                      | KAILJA G                               | REEN RECYCL  | ING USA CORP   |  |  |
|---|--|--|--|--|--|
| DOCUMENT NUMBER:  |  | 0062459  |  |  |  |
| The enclosed Articles of Amena                            | ment and fee are su                    | bmitted for filing.  |  |  |  |
| Please return all correspondence                          | concerning this mat                    | tter to the following:   |  |  |  |
|   | MONIQ                                  | UE TRONCONE  | E CPA  |  |  |
| <del></del>   |  | Name of Contact Person   | n  |  |  |
|   | MONIQU                                 | E TRONCONE   |  |  |  |
| <del>- ,</del>  |  | Firm/ Company  |  |  |  |
|   | 55 NE 5                                | TH AVENUE SU   | JITE 501   |  |  |
| Address   |  |  |  |  |  |
|   | -В                                     | OCA RATON, F   | L 33432  |  |  |
| City/ State and Zip Code                                  |  |  |  |  |  |
|   | MONIQUE(                               | @TRONCONE-   | CPA.COM  |  |  |
| E-m   |  | sed for future annual report                                       |  |  |  |
| For further information concern                           | ing this matter, pleas                 | se call:   |  |  |  |
| MONIQUE TRONG   | CONE CPA                               | <sub>at (</sub> 561  | , 417-0308   |  |  |
| Name of Contact Person Area Code & Daytime Telephone Numb |  |  |  |  |  |
| Enclosed is a check for the folio                         | wing amount made                       | payable to the Florida Dep   | artment of State:  |  |  |
|   | 3.75 Filing Fee & ertificate 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 Add   |  |  | Address  |  |  |
| Amendment S   |  | Amendment Section  |  |  |  |
| Division of Co<br>P.O. Box 632                            |  |  | Division of Corporations Clifton Building  |  |  |
| Tallahassee, F  |  |  | 2661 Executive Center Circle   |  |  |
|   |  | Tallah   | Tallahassee, FL 32301  |  |  |



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2012

MONIQUE TRONCONE, CPA 55 NE 5TH AVE., STE 501 BOCA RATON, FL 33432

SUBJECT: KAILJA GREEN RECYCLING USA CORP

Ref. Number: P11000062459

We have received your document for KAILJA GREEN RECYCLING USA CORP and your check(s) totaling \$35.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document number of the name conflict is P10000095058.

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) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 512A00013709

### KAILJA GREEN RECYCLING CORP 55 NE 5<sup>TH</sup> Avenue, Suite 501 Boca Raton, FL 33432 Tel: 561-417-0308

May 18, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Kailja Green Recycling Corp
Document Number P10000095058

Dear Sir/Madam:

Please be advised that Kailja Green Recycling Corp has not intended to restate an annual report with the State of Florida. We're no longer doing business as Kailja Green Recycling Corp. Therefore this name can be use by another entity.

If you should have any questions please do not hesitate to contact us at the above telephone numbers.

Thank you very much for your cooperation with this matter.

Monigue Troncone CPA Secretary

Sincerely

### Articles of Amendment to Articles of Incorporation of

# KAILJA GREEN RECYCLING USA CORP

| (Name of Corporation as currently filed with the F   | lorida Dept. of State)         |   |
|--|--------------------------------|---|
| P110000624   |                                |   |
| (Document Number of Corporation (in  | f known)                       | <del>.,</del>   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:  | Florida Profit Corporation :   | adopts the following amendment(s) to                      |
| A. If amending name, enter the new name of the corporation:  |                                |   |
| KAILJA GREEN RECYCLING CORP  |                                | The new   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation " | Co". A professional corpo      | porated" or the abbreviation ration name must contain the |
| B. Enter new principal office address, if applicable:  | N/A                            |   |
| (Principal office address MUST BE A STREET ADDRESS)  |                                | ACC 1   |
|  |                                | 2   |
|  |                                |   |
| C. Enter new mailing address, if applicable:   | N/A                            | 8   |
| (Mailing address MAY BE A POST OFFICE BOX)   | 14/7                           | L BO  |
|  |                                |   |
|  |                                |   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address   |                                | ame of the  |
| Name of New Registered Agent N/A   |                                | <del></del>   |
|  |                                |   |
| (Florida str   | cet address)                   | _   |
| New Registered Office Address:   | , Florid                       | a   |
| (City)   |                                | (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to   | with and accept the obligation | ons of the position.                                      |

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: $\underline{X}$ Change | <u>PT</u>    | John Doe    |   |         |
|---------------------------------|--------------|-------------|---|---------|
| X Remove                        | <u>v</u>     | Mike Jones  |   |         |
| <u>X</u> Add                    | <u>sv</u>    | Sally Smith |   |         |
| Type of Action<br>(Check One)   | <u>Title</u> | <u>Name</u> |   | Address |
| 1) Change Add Remove            |              | NA          |   |         |
| 2) Change Add Remove            | <del></del>  | <del></del> |   |         |
| 3 ) Change Add Remove           |              |             | ·····                                   |         |
| 4) Change Add Remove            |              |             |   |         |
| 5) Change Add Remove            |              |             | *************************************** |         |
| 6) Change Add Remove            |              | <u> </u>    |   |         |

|  |                                    | NA  |                   |                    |             |
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| <u> </u>                               |                                    | <del>,,,</del>                                |                   |                    |             |
|  |                                    |   |                   |                    |             |
| n amendment pr                         | rovides for an ex                  | change, reclass                               | sification, or ca | ancellation of iss | ued shares, |
| ovisions for imp                       | lementing the ample, indicate N/A) | endment if no                                 | t contained in    | the amendment      | itself:     |
| (ij noi applicao                       | ie, maicale NA)                    |   |                   |                    |             |
|  |                                    |   |                   |                    |             |
|  | N                                  | <u> +                                    </u> |                   |                    |             |
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|  |                                    |   |                   |                    |             |

| The date of each amendment(s) adoption: 04/30/2012  |
|---|
| Effective date if applicable: 04/30/2012  |
| (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s) (CHECK ONE)  |
| 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)   |
| (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_04/30/2012  |
| Signature  (By a director, president or other officer in directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| MONIQUE TRONCONE  |
| (Typed or printed name of person signing)   |
| SECRETARY   |
| (Title of person signing)   |