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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: RAILWOOD SBABUHEMA 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:
SURESH RAJKUMA-R Name of Person
TRAILWOOD SBABUHEMA LLC Pirm/Company
3307 TOURIGA DRIVE
PLEASANTON, CA-94566 City/State and Zip Code
SURESH_BABUR & Yahoo . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SURESH RATKUMAR at (650) 452-3249 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAILWOOD SBABUHEMA-LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L. Florida document number 160001	iability Compa 2 4 0 9.8	nny were filed on	06/28	3/2016	<u>)</u> ar	ıd assiş	gned
This amendment is submitted to amend the foll							
A. If amending name, enter the new name o	<u>f the limited l</u>	<u>iability company</u>	<u>here</u> :				
The new name must be distinguishable and contain the v	cards "Limited L	ability Company " th	e designation :	11 C" or the ab	breviati	ion "L. L	<u>('"</u>
		attitity Company. Iti	e designation	The or the air	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Enter new principal offices address, if applic		1 					
(Principal office address MUST BE A STREE	T ADDRESS,	<u> </u>				0 <u>4</u> 2	
					. .	A.	3 1
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Enter new mailing address, if applicable:				_	•	PH	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>					_ _ ≍_	<u>चन ।</u> 'भू-नर्ग
			.			—ও —- ভা–	
B. If amending the registered agent and/or i	rogistanod offi	oo addraw on ou	e manaede ai	itur tha nam	·		ranistarad
agent and/or the new registered office addre	-	ce address on our	records, <u>cr</u>	iter the nam	C OI LI	ic new	registered
Name of New Registered Agent:		<u>-</u> _					
New Registered Office Address:	2901	OAK TRA	11 R) N ldress			
	PORT	OAK TRA Emer F ORAWGE		, Florida <u>F</u>	L -	32) Code	127
New Registered Agent's Signature, if changing							
I hereby accept the appointment as registere provisions of all statutes relative to the prop	***	• *		•			-

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HEMA THAYAGARAI	AN 3307 TOURIGA DRIV	V'E DAdd
		PLEASANTON CA-945	66 □Remove
			□Change
MGR_	KARTHIK SURESH	3307 TOURIGA DRIVE	VZ∕Add
		PLEASANTON CH-94566	O □Remove
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(If an eff Note:	ive date, if other than the date of filing:
he recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	February 27 ¹⁵ . 2020. R. J. W. Signature of a member or authorized representative of a member
	SURESH RAJIKUMAR Typed or printed name of signce