P07000027078

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SAI REAL PO700002707	USA, INC	
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	CHOWDHURY K	ABIR	
	CMAX CONSUL	Name of Contact Persor	1
	4000 4051 414	Firm/ Company	
1	4928 10TH AVE		
		Address	
	GREENACRES,F	-L- 33463	
		City/ State and Zip Code	
CK	ABIR7@GMAIL.C	COM	
		sed for future annual report	notification)
		·	
For further information	n concerning this matter, pleas	se call:	
CHOWDHUP	RY KABIR	at (561	, 202-6620
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	rtment 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



SAI REAL USA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	Σ. γ.
P07000027078	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpo" "Corp." "Inc." or Co." or the designation "Corp." "Inc." or "Co." A professional corpor	orated" or the abbreviation

"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporation name must c ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent DEEPAK KH	OSA
11549 NW 7	2ND PLACE

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

PARKLAND

Signature of New Registered Agent, if changing

(Florida street address)

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 <math>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.

X Change	<u>PT</u> John D	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PDTS	KAUL, SUNAINA	11549 NW 72ND PLACE
Add			PARKLAND
X Remove			FL- 33076,US
2) Change	PDTS	KHOSA,DEEPAK	11549 NE 72ND PLACE
X			PARKLAND
Remove			FL- 33076,US
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		*	
Remove			

ttach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
provisions for implementing the amon	dment if not contained in the amendment itself:
brorisions to implementing the amen	
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption: 2 10 20 2
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add . by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12/10/2	2012
Signature	irector, president or other officer - if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	CHOWDHURY KABIR
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)