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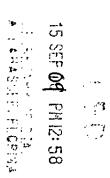
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

SUBJECT:	GRAPHENE ELECTRO	NIC & TECHNOLOGY LL	.c				
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		Rengin Aslantas					
		Name of Person	***				
	GRAPHENE	ELECTRONIC & TECHN	IOLOGY LLC				
	Firm/Company						
	927	New Haven Ave., Suite 203	3				
		Address					
		Melbourne, Florida 32901					
		City/State and Zip Code					
		nfo@graphene-electronic.co					
	E-mail address: (to be used for future annual rep	port notification)				
For further information	concerning this matter, please co	all:					
Rengin Aslantas		954 at ()	934-8237				
Name	of Person	Area Code	Daytime Telephone Number				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ttions Division of Corporations
Clifton Building
2661 Executive Center Ci

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAPHENE	ELECTRONIC	& TECHNOLOG	Y LLC	
(<u>Name of the Limited I</u> (A	<mark>Liability Compat</mark> Florida Limited L	y as it now appears iability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on	1st of April 2015	and assigned
Florida document number	·•			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company he	<u>ге</u> :	
he new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		927 New Haven	Ave.	
Principal office address MUST BE A STREET A		Suite 203		
		Melbourne, Flor	ida 32901	Par .
Enter new mailing address, if applicable:		927 New Haven	Ave.	NO STATE OF THE ST
Mailing address MAY BE A POST OFFICE BO	(X)	Suite 203		- C
		Melbourne, Flor	ida 3 29 01	200 3 11
				Ch Ch
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		2	our records, enter	the name of the
New Registered Office Address:	927 New Haver	Ave., Suite 203,		
New Registered Office Address.		Enter Flor	ida street address	
		Melbourne	, Florida	32901
-		City		Zip Code

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

I hereby 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, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	Rengin Aslantas	927 New Haven Ave., Suite 203,	= Add
		Melbourne, FL 32901	Remove
			Change
MGR	Rengin Aslantas	927 New Haven Ave., Suite 203,	■ Add
		Melbourne, FL 32901	□ Remove
MGR	Carmen Sicilia	336 S Military Trail	
		Deerfield Beach, FL 33442	Remove
			Change
			Add
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fective d	ate, if other than the da	te of filing: _				(optional)		
te: If the	e date is listed, the date must be e date inserted in this block	does not meet	the applical					
cument's	effective date on the Depa	rtment of State	's records.					
	specifies a delayed e th day after the record		e, but not	an effectiv	e time, at 12	:01 a.m. on t	:he ea	rlier
	4th of September	,	2015					
ıted								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00