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COVER LETTER

TO: Registration Section Division of Corporations			, pr	. <i>y</i> i				
SUBJ		NOMATERIALS SOLUTIO	ONS LLC					
3000	BC1.	Name of Lin	nited Liability Company					
The er	aclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please	return all correspond	dence concerning this matter	to the following:					
		Dr.Venkata Sreenivas Pul	i					
			Name of Person					
		SMART NANOMATERI	ALS SOLUTIONS LLC					
			Firm/Company					
		2501 Civitas Place						
			Address					
		Casselberry Florida 32707	,					
			City/State and Zip Code		··-			
	shraddhananosoftsolutions@gmail.com							
		E-mail address: (to be used for future annual r	report notification)			
For fu	ther information con	cerning this matter, please c	all:					
Dr. Venkata Sreenivas Puli			239 537 at ()	7-4964				
	Name of P	erson	Area Code	Daytime Telepi	hone Number			
Enclos	ed is a check for the	following amount:						
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl-		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART NANOMATERIALS SOLUTIONS LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	and assigned	
Florida document number L18000076129		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		ISE VISE
		AUG
	-	TAR DF C
inter new mailing address, if applicable:		Y DE CORF
Mailing address MAY BE A POST OFFICE BOX)		DR A
The state of the s		£ 5
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		<u>►</u> 000
	 -	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	 .
	isher i tortuu sireet uuuress	
	, Florida _	
	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>	<u>Address</u>	Type of Action
MGR	Dr. Venkata Sreenivas Puli	2501 Civitas Place	■ Add
		Casselberry Florida 32707	Remove
			Change
MGR	Dr.Sreenivasulu Gollapudi	2501 Civitas Place	
		Casselberry Florida 32707	□ Remove
			Change
*			
			□ Remove
			Change
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Filing Fee: \$25.00