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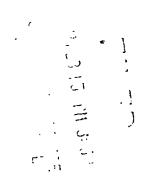
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TO:

Registration Section

Div	ision of Corp	orations			
SUBJECT:		MERCE CLOUD SOLUTION	NS LLC		
SUBJECT.		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		André Spolidoro Ferreira C	Gomes		
			Name of Person		_
		VTEX COMMERCE CLO	UD SOLUTIONS LLC		
			Firm/Company		_
		501 E Las Olas Blvd, 3rd f	loor		
			Address		_
		Fort Lauderdale, FL 33301			
			City/State and Zip Code		-
		legal.corporate@vtex.com.b		- 1,	
For further in	nformation co	E-mail address: (1 ncerning this matter, please or	o be used for future annual report	notification)	
Mary Demp			503 334-526		
	Name of	Person	Area Code Da	ytime Telephone Numb	er
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

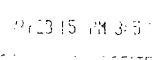
Mailing Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 127 E3 15 124 3:51



VTEX COMMERCE CLOUD SOLUTIONS 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 Liability Compa	ny were filed on 11/12/2015	and assigned
Florida document number L15000191299	my were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Flo	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	-

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

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II amending Authorized rerson(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
MGR	ALEXANDRE NUCCI SONCINI	22 Montrose Rd, Scarsdale, NY 10583	□ Add
			■Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			🗆 Add
			☐Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

•		•
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. If amending any other informati	ion, enter change(s) here.	:: (Attach additional sheets. if necessary.)
	<u> </u>	
		
		
 		
		
	be specific and cannot be prior to ck does not meet the applicab	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (able statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective tim	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 11	2022	
	·	— DocuBigned by:
	Signature of a member or author	orized representative of a member
	André Spolidoro	d name of signee

Filing Fee: \$25.00