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## DocuSign Envelope ID: 8B5E9426-1AEA-4A4C-96D0-0CDEE952D98B **COVER LETTER**

TO:

Registration Section **Division of Corporations** VTEX COMMERCE CLOUD SOLUTIONS LLC SUBJECT: \_\_\_ 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: André Spolidoro Ferreira Gomes Name of Person VTEX COMMERCE CLOUD SOLUTIONS LLC Firm/Company 11 East 44th Street Address New York/NY 10017 City/State and Zip Code legal.corporate@vtex.com.br E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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 OF

2022 JUL 22 Při 4: 24 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 Company were filed on  $\frac{11/12/2015}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11 East 44th Street, New York/NY 10017 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11 East 44th Street, New York/NY 10017 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_. Florida \_\_\_

DocuSign Envelope ID: 8B5E9426-1AEA-4A4C-96D0-0CDEE952D98B in amenuing 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>	<u>Address</u>	Type of Action
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D. If ame	nending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
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If the record record is fil	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	e earlier of: (b) The 90th day after the
Dated .	d July 12 2022	
	Decusionary by	
	Signature of a member or authorized representative of a r	nember
	André Spolidoro Ferreira Gomes	

Filing Fee: \$25.00

Typed or printed name of signee