

L15 000 199378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

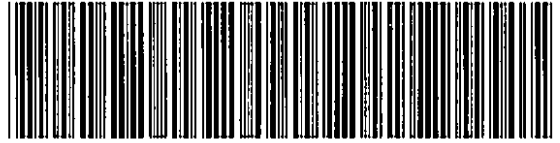
(Business Entity Name)

(Document Number)

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S. YOUNG

2020 JUL -6 PM 5:56
FILED

**TO: Registration Section
Division of Corporations**

SUBJECT: SMART FACTORILC

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:

Carlos Fiallo

Name of Person

VGV (US) LLC

Firm/Company

201 Alhambra Circle, Suite 600

Address

Coral Gables - FL 33134

City/State and Zip Code

kacosta@vgvcorporate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Fiallo

Name of Person

at (786) 8022972

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)

\$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 Address:

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

ARTICLES OF ORGANIZATION OF

SMART FACTORILC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

2020 JUL -6 PM 5:56

The Articles of Organization for this Limited Liability Company were filed on 11/30/2015 and assigned Florida document number L1500099378

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Four horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A PO BOX)

Four horizontal lines for entering the mailing address.

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:

One horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Enter Florida street address

One horizontal line for entering the street address.

City

Florida

Zip Code

Two horizontal lines for entering the city and 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 relating 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(c)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/01/2020

Signature area with handwritten signature and checkmark.

Signature of a member or authorized representative of a member

AUGUSTO RAMON DAVALOS
Typed or printed name of signee