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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 592119 4816118

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AUTHORIZATION : 1/

COST LIMIT : 7\$, 25.00

ORDER DATE: December 30, 2020

ORDER TIME : 2:24 PM

ORDER NO. : 592119-020

CUSTOMER NO: 4816118

DOMESTIC AMENDMENT FILING

NAME: FLI BROKERAGE SERVICES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2021

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: FLI BROKERAGE SERVICES, LLC

Ref. Number: L16000021079

We have received your document for FLI BROKERAGE SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 621A00000093

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COVER LETTER

TO: Registration S Division of Co			
	KERAGE SERVICES, LLC		
30BJEC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Leyla Gungor		
		Name of Person	<u></u>
	Hogan Lovells US LLP		
		Firm/Company	
	555 13TH ST NW		
		Address	
	Washington, DC 20004		
		City/State and Zip Code	
	leyla.gungor@hoganlovells		
Fac 6 along in Commission		to be used for future annual report notifica	ation)
For further information of	concerning this matter, please of	all:	
Leyla Gungor		202 637-6816	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Secti	on

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLI BROKERAGE SERVICES, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record la Limited Liability Company)	<u>s</u>)
The Articles of Organization for this Limited Liability (Company were filed on January 29, 2016	and assigned
Florida document number L16000021079	<u>_</u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
RHENUS CUSTOMS BROKERAGE USA LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	SE
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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-		;,
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office 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	
	, Flo	orida
	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>	Name	Address	Type of Action
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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Effecti	ve date, if other than the date of filing: (optional)
lfan eff <u>Note:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
e recor	d 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
10 15 111	cu.
Dotad	December 297, 20/00
Dated	The control of the co
	Signature of a member or authorized representative of a member
	BRYAN BROOKS Typed or printed name of signee
	マベバグ ロメウンドン

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