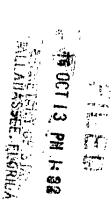
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 1 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE: 325798 4308537

AUTHORIZATION

COST LIMIT : (/\$\25.00

ORDER DATE: October 10, 2016

ORDER TIME : 9:27 AM

ORDER NO. : 325798-010

CUSTOMER NO: 4308537

FOREIGN FILINGS

NAME: UTI INTEGRATED LOGISTICS, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears		Department of	
State: UTI INTEGRATED LOGISTI	ICS, LLC		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	bility company is: M11000	004906	16 OC
3. Jurisdiction of its organization: South Card	olina		⊣
4. Date authorized to do business in Florida: 9/29	9/11		د. و
SECTION II (5-9 complete only the applicable c 5. New name of the limited liability company: D3	hanges)		-
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the al		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	E	1.6	
	Enter r torid	la Street Address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	it and agree to act in this capac and complete performance of n ered agent as provided for in C in the registered office address,	ny duties, and I am familiar wi hapter 605, F.S. Or, if this	ith

If the amendm	ent changes person, title or capacity in ac	ecordance with 605,0902 (1)(e), indicate that	at change:
e/ Capacity	<u>Name</u>	Address	Type of Action
			Remove
			Add
			Remove
		All sections are also the section of	
			Remove
			Add Remove
<u> </u>			Add
aforemention	certificate, if required; no more than 90 and amendment(s), duly authenistically oder the law of which this entity is one	days old, evidencing the the official having custody of records in the factor of the f	Remove

. .

Filing Fee: \$25.00

CFRTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Oct 12 2016 REFERENCE ID: 1610121630100

Mule Hermand



th Revised by South Checkina Seasonry of State, April 2011

STATE OF SOUTH CAROLINA SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION

Limited Liability Company – Domestic Filing Fee - \$110,00

TYPE OR PRINT CLEARLY IN BLACK INK

LLC - Domestie - Amusded Articles of Organization

	rsuant to S.C. Code of Laws §33-44-204(a), the undersigned limited liability company adopts the following mended Articles of Organization:
í.	The name of the limited liability company is UTI INTEGRATED LOGISTICS, LLC
2.	The date the articles of organization were filed is12/15/1926
3.	The articles of organization are amended in the following respects, of which all amended provisions malawfully be included in the articles of organization. If the space on this form is not sufficient, please attac additional sheets containing a reference to the appropriate paragraph on this form.
•	is hereby amending its name to read as follows: DSV SOLUTIONS, LLC
	The effective date of the name change is October 1, 2016.
	14
	Jens Bjorn Andersen
Sie	mature (Please see the Filing Checklist below) Print or Type Name
Cay	pacity/Position of Person Signing (You must etreek one bax.) Date 9/26/16
Ą.	Manager □ Member □ Organizer
	• -
_	Fiduciary
	Filing Checklist
•	 Amended Articles of Organization (filed in duplicate) \$110.00 made payable to the Secretary of State's Office Self-Addressed, Stamped Return Envelope Make sure the proper individual has signed the form (Picase see S.C. Code of Laws §33-44-205(a)) Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a: (1) manager of a manager-managed company (2) member of a member-managed company (3) person organizing the company, if the company has not been formed or (4) fiduciary, if the company is in the hands of a receiver, trustee or other courtappointed fiduciary Return all documents to:
	150939-0088 FILED: 09/30/2018 DSV SOLUTIONS, LLC Filing Fee: \$110 00 ORIG

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

> Oct 12 2016 REFERENCE ID: 1610121630100

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STATE OF SOUTH CAROLINA SECRETARY OF STATE

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APPLICATION TO RESERVE A LIMITED LIABILITY COMPANY NAME

SEP 14 2016

SECRETARY OF STATE OF SOUTH CAN

TYPE OR PRINT CLEARLY IN BLACK INK

The applicant applies to reserve the exclusive use of a Limited Liability Company name (including in accordance with Section 33-44-1005 of the 1976 South Carolina Code of Laws, as amended a fictitious name for a foreign Limited Liability Company whose name is not available), for a non-renewable one hundred and twenty (120) day period as provided in Section 33-44-106 of the 1976 South Carolina Code of Laws, as amended.

	Section 33-44-105 or Sectionamended, is	ian 33-43-1005 of the 1976 Sou DSV Solution	
•	The name and address of the applicant is		
		CORPORATION SERVICE	COMPANY
	Namo	· ·	
	1180 AVENUE OF THE AMERICAS, SUITE 210		
	Street Address City	NEW YORK, NY 100)36 Zp Code
	9/14/2016	July .	Jude ligent

FILING INSTRUCTIONS

- File two copies of this application, the original and either a duplicate original or a conformed copy.
- This application must be accompanied by the filing fee of \$25.00, payable to the Secretary of State.

Return to: Secretary of State 1205 Pendleton Street Suite 525 Columbia 9C 29201

NOTE

RESERVING THIS CORPORATE NAME DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATES OFFICE.

160014-0078 FR.ED: 08/14/2018 DSV SOLUTIONS, LLC Form Revised by South Caroline Secretary of State, Merch 2011

Line Hammond

South Carpitria Secretary of State