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PICK-UP	MAIT	MAIL
	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 02/03/25 Order #: 1810283-1

Re: United Customs Services LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

suscale see Amount to be deducted from our State Account: \$25.0 - FL State Account Number: 12000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

_	istration Section ision of Corporations		
SUBJECT:	United Customs Services LLC		
	Name of Foreign L	Limited Liab	ility Company
Dear Sir or	Madam:		
The enclose	ed application, certificate and fee(s) are	submitted (for filing.
Please retur	n all correspondence concerning this n	natter to the	following:
Jennifer Harp	per		
	Name of Person		-
Bertelsmann	, Inc.		
	Firm/Company	<u> </u>	-
1745 Broadw	vay		_
	Address		-
New York, N	₹Y 10019		
	City/State and Zip Code		-
jenniter.harp	er@bertelsmann.com		
E-mail ac	ddress: (to be used for future annual re	port notifica	tion)
For further	information concerning this matter, ple	ease call:	
Jennifer Har	per at	(212	782-1074
	Name of Person	Area Code	& Daytime Telephone Number
Reg Div P.O	ling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc □\$25 Filin CR2E055 (9/1	Certificate of Status	nount:] \$55 Filing Certified C	_

2

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 Compan	iy as it appears	on the reco	ords of the Florid	a Department o	ıf	
State: United Customs Services LL	LC					
Enter new principal office address, if	Capplicable:					
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)						_
Enter new mailing address, if applica	ıble:	1745 Broad	lway		IALLA	2025 FÉB
(<u>Mailing address</u> MAY BE A POST OFFI <u>CE BOX</u>)		c/o Bertels	nann, Inc.		HAS	
MAT BE A TOST OFFICE BOX		New York,	NY 10019		338	_
2. The Florida document number of t	this limited liab	oility comp	any is:	01414	FL03	平三十
3. Jurisdiction of its organization:)elaware				NOA TO	
Date authorized to do business in		2025				
SECTION II (5-9 complete only th						
5. New name of the limited liability	company:	•	imited Liability (Company, " "L.	.L.C.," or "L	
(If name unavailable, enter alternate copy of the written consent of the manust contain "Limited Liability Con	anagers or man	aging men	bers adopting th	ng business in F e alternate name	lorida and att	tach a
6. If amending the registered agent a registered agent and/or the new regis	nd/or registered	d officer ad dress here:	dress on our rec	ords, enter the r	name of the n	<u>ew</u>
Name of New Registered Agent: Co	orporation Serv	ice Compar	У			
New Registered Office Address:	201 Hays Street	ı				
			Enter Flo	rida Street Add		
	Tall	ahassee		, Florid:	a <u>32301</u> Zip Code	
			City		Zip Code	,
New Registered Agent's Signature, if hereby accept the appointment as the provisions of all statutes relative and accept the obligations of my postocument is being filed to merely refliability company has been notified it	egistered agen to the proper c ition as registe flect a change i n writing of thi	t and agree and comple ared agent on the regist is change.	to act in this ca te performance of is provided for in tered office addr Shawn	of my duties, an n Chapter 605, ess, 1 hereby co a Jodt	d I am famili F.S. Or, if thi onfirm that the	ar with is e limited
	ii Cr	ianging KC	gistered Agent, S	nghaime of Ne	w registered	Agent

	ment changes person, title or capaci exhibit A for persons added	ity in accordance with 605.0902 (1)(e), indicate tha	t change:
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Francisco Javier Torrens	8201 NW 87th Avenue, Suite 100	□Add
		Medley, FL 33178	≣Remove
			□Remove
			□Add
			□Remove
			□Add
			□Remove
aforementio	Signat Christopher Hohns	ited by the official having custody of records in the	PALLAHASSEE, FLORID

Filing Fee: \$25.00

EXHIBIT A
United Customs Services LLC Persons to Add under Section 8

Title/Capacity	Name	Address	Type of Action
Manager	Christopher Hohns	51 Sawyer Road, Suite 620 Waltham, MA 02453	Add
Manager	Mitat Aydindag	51 Sawyer Road, Suite 620 Waltham, MA 02453	Add
CEO	David Whittingham	8201 NW 87th Avenue, Suite 100 Medley, FL 33178	Add
President	Francisco Javier Torrens	8201 NW 87th Avenue, Suite 100 Medley, FL 33178	Add
SVP, Taxes	Maysa Dahdouli	1745 Broadway New York, NY 10019	Add
Secretary	Christopher Benecke	1745 Broadway New York, NY 10019	Add
Assistant Secretary	Jacqueline Arana	1745 Broadway New York, NY 10019	Add

TILEL
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