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| Special Instructions to f | Filing Officer: | |
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| Division of Cor | | | |
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| POSTAL (| CONNECTIONS & MORE, L | LC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | CASSANDRA RHODES | | |
| | ··· | Name of Person | |
| | ROAD TO SUCCESS S | ERVICES, LLC | |
| | | Firm/Company | |
| | 651 SW 30TH TER | | |
| | | Address | |
| | FORT LAUDERDALE, F | EL 33312 | |
| | | City/State and Zip Code | |
| | CRHODES@ROADTOS | UCCESSSVCS.COM to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please of | · | (Carry) |
| CASSANDRA RHODE | • | 954 614-4358 | |
| Name (| of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| POSTAL CONNECTIONS & MOR | | |
|--|--|-----------------------------|
| (Nume of the Limite | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| • | ability Company were filed on 10/06/2017 | _ and assigned |
| Florida document number L17000207359 | · | |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| CUTTING EDGE POSTAL, LLC | | |
| The new name must be distinguishable and contain the wo | ords "Eimited Liability Company," the designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applica | ible: | |
| (Principal office address MUST BE A STREET | | |
| The state of the s | | |
| | | |
| Enter new mailing address, if applicable: | | DIN 26 EECKE DARY ALLAHASSE |
| (Mailing address MAY BE A POST OFFICE b | | - 동생 🏲 📑 |
| | | 7 |
| | | |
| B. If amending the registered agent and/o | or registered office address on our records, enter the | |
| registered agent and/or the new registered off | ice address here: | 7 D. C. |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - - | Enter Florida street address | |
| | , Florida | |
| | C'ity | Zin 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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effection data if other than the | cate of fining. | ting or more than 90 days after | er (iling.) Pursuant to (| 505,0207 |
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Filing Fee: \$25.00