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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Size Matters LLC 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:	
Brandi Cherry Name of Person	
Size Matters LUC	
2013 Jaffa Dr Unit #A	77
St Cloud, FL 34771 City/State and Zip Code sales @ Size matters// Com	TI FIND
Sales @ Size matters 1/C, Com E-mail address: (to be used for future annual report notification)	Samuel .
For further information concerning this matter, please call:	
Diana Persyns at (407) 572-5614 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

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**

Size N	latters	LLC				
Name of the Limited Lia (A Flo	bility Company orida Limited Li	y as it now appeability Company	ars on our records.)		
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the	lity Company v		•		nd assigr	ıed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabil	ity company h	e <u>re</u> :			
NA						
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	ed Liability Com	pany," the designation	on "LLC" o	r the abb	reviation
Enter new principal offices address, if applicable	e:		x	E (E	73
(Principal office address MUST BE A STREET A	DDRESS)			(S) (A)	1	Harding.
				<u> </u>	3	E-Abress
Enter new mailing address, if applicable:		NI	7			C
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	address here	:				
Name of New Registered Agent:	Diana	Persyns	***	··		
New Registered Office Address:	2013 Ja	ffa Dniv	Q Unit #4 Inter Florida street	S ≠Clo address	rud-	
-	St. Clo	City	, Florida	347	Code	~
New Registered Agent's Signature, if changing Regi		City		zιρ	Couc	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member						
Title	Name	Address	Type of Action			
MGR	Diana Persyns	2013 Juffa Dave Unit #A St. Cloud FC 34771	Add Remove			
MGRM	Brandi Cherry	2013 Jaffa Daive Unit#A St. Cloud FC 34771	Add Remove			
NA	NA	N/A	Add Remove			
Marie Carlotte Carlot			Add Remove			
			Add Remove			
			Add Add Remove			
D. If amer	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary)				
Dated	March 1st 20	per or authorized representative of a member ed or printed name of signee				
	Signature of a memb Diana Persyns Type	er or authorized representative of a member ed or printed name of signee				

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Filing Fee: \$25.00