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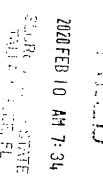
(Requestor's Name)				
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(City/State/Zip/Phone #)				
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O SIMMONS
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COVER LETTER

	sion of Corporations		
SUBJECT:	RORIDA, LLC		
SOBJECT.	Name o	of Limited Liability Co	mpany
Dear Sir or M	adam:		
The enclosed	Amendment or Cancellation of St	atement of Authority a	nd fee(s) are submitted for filing.
Please return :	all correspondence concerning thi	s matter to the followin	g:
MAF	RK E. FRIED		
	Name of Person	r.	_
MARI	K E. FRIED, P.A.		
	Firm/Company		_
1110 E	BRICKELL AVENUE, SUITE 3	310	
	Address		_
	MIAMI, FLORIDA 33131		
	City/State and Zip Code		_
mfried	d@markfriedlaw.com		
E-ma	ail address: (to be used for future	annual report notificati	on)
For further int	formation concerning this matter,	please call:	
MARI	K E. FRIED	305	371-7079
	Name of Person	at (Area Code	
	ling Address:		Street Address:
_	istration Section		Registration Section
	ision of Corporations . Box 6327		Division of Corporations The Centre of Tallahassee
	ahassee, FL 32314		2415 N. Monroe Street, Suite 810
1 1111	u		Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2). Florida Statutes, this limited liab FIRST: The name of the limited liability company is: Reference of the limited liability company is:	
SECOND: The Florida Document number of the limited liability	company is:L14000079002
THIRD: The street address of the limited liability company's pri 20741 NW 2nd AVENUE	incipal office is:
MIAMI GARDENS, FLORIDA 33169	
	2020
The mailing address of the limited liability company's 20741 NW 2nd AVENUE	principal office is:
MIAMI GARDENS, FLORIDA 33169	· IP
	3
FOURTH: The date the statement of authority became effective	is:APRIL 24, 2019
FIFTH: The statement of authority is cancelled.	
OR	
The amendment to the statement of authority is	
215/	
Signature of authorized representative	Mark E. Fried, Attorney & Agent Typed or printed name of signature
Signature of authorized representative	Typed of printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)