

M20 00000 4239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

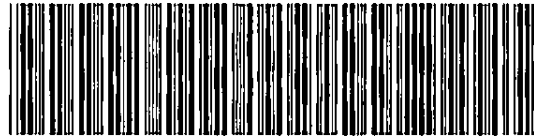
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 08 2020



GALBUT WALTERS & ASSOCIATES

August 19, 2020

Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

Re: Filing of Statements of Correction
L & W ALF, LLC – M20000004236
15520 NW 2ND AVE, LLC – M20000004235
ASA OPCO MANAGEMENT, LLC – M20000004239

Dear Sir or Madam:

Enclosed please find three completed Application By Foreign Limited Liability Company To File Amendment To Certificate of Authority To Transact Business In Florida, filed on behalf of L & W ALF, LLC, a Delaware limited liability company, 15520 NW 2ND AVE, LLC, a Delaware limited liability company, and ASA OPCO MANAGEMENT, LLC, a Delaware limited liability company. Each company has been authorized to transact business in Florida, and all three applications for authority contained a third name of Abraham A. Galbut as manager which is not accurate. I have also enclosed our checks for your fees in the amount of \$60.00 per company, and a return Fed Ex envelope for all three certificates and copies.

Your assistance in completing this correction is greatly appreciated. Please contact me should there be anything further that you require.

Sincerely yours,
GALBUT, WALTERS & ASSOCIATES, LLP


ALAN S. WALTERS, ESQ.

ASW:aw
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASA OPCO MANAGEMENT, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan S. Walters, Esq.
Name of Person

Galbut, Walters & Associates, LLP
Firm/Company

4770 Biscayne Blvd., Ste 1400
Address

Miami, Florida 33137
City/State and Zip Code

awalters@galbutwalters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Walters at (786) 245-2317
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FL

**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 on the records of the Florida Department of

State: ASA OPCO MANAGEMENT, LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

4770 Biscayne Blvd., Ste 1400

Miami, Florida 33137

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

4770 Biscayne Blvd., Ste 1400

Miami, Florida 33137

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2. The Florida document number of this limited liability company is: M20000004239

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 1, 2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

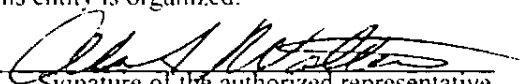
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Abraham A. Galbut is not a manager and his name is to be removed.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Abraham A. Galbut	4770 Biscayne Blvd., Ste 1400	<input type="checkbox"/> Add
		Miami, Florida 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FL
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

Alan S. Walters

Typed or printed name of signee

Filing Fee: \$25.00