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(Requestor's Name)
	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

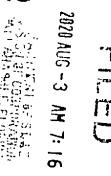
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SEP 2 1 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LISA A. Compagno, LLC Name of Foreign Limited Liability Jompany
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:
LISA Compagno Name of Person
LISA A. Compagno, LLC
2929 Watson Blvd, Ste #2, #353
Warner Robins, GA 31093 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (372) 260-6474 Name of Person at (772) Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: \$\sum_{\\$25\} \text{Filing Fee} \sum_{\\$30\} \text{Filing Fee & \sum_{\\$55\} \text{Filing Fee & \sum_{\\$60\} \text{Filing Fee}.} \text{Certificate of Status & \text{Certified Copy}} \tag{Certified Copy}

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 rec		
State: Lisa A. Compa	gno, LLC	
Enter new principal office address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 AUG + 3 AM
2. The Florida document number of this limited liability comp	pany is:	7. 10 1. 10
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida:		<u>.,</u>
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company:(must contain "l	_imited Liability C ampany, " "L.L.C"	" or "LLC.")
(If name unavailable, enter alternate name adopted for the pur copy of the written consent of the managers or managing mer must contain "Limited Liability Company," "L.L.C." or "LLC	nbers adopting the alternate name. The	and attach a alternate name
6. If amending the registered agent and/or registered officer a registered agent and/or the new registered office address here	ddress on our records, enter the name of	of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor da Street Address	
	Florida	
	City	ip Code
New Registered Agent's Signature, if changing Registered Agent and agree the provisions of all statutes relative to the proper and completed accept the obligations of my position as registered agent document is being filed to merely reflect a change in the registiability company has been notified in writing of this change.	e to act in this capacity. I further agre ete performance of my duties, and I an as provided for in Chapter 605, F.S. C	a familiar with Fr. if this
If Changing Ro	egistered Agent, Signature of New Reg	gistered Agent

Title/ Capacity	<u>Name</u>	Addres	g <u>Typ</u> e	gof Act
gr.	Lisa A. Compagno, Es	<u>9. 2929 v</u> Se 2,#	Vatson Blud 353	MAG
		Warner		□Rei
AΡ	Steve Ollemuth	2608 SE Stuart, A	Willoughby Bu - 34994	d one
				Rei
				□Ac
				□Rei
				□Aι
				□Rei
	<u> </u>			ΠAc
aforementio	a certificate, if required; no more than 90 da ned amendment(6), duly authenticated by th under the law of which this entity is organiz	e official having cust		□Rei

Filing Fee: \$25.00