## N23000005906

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(Address)
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(Addiess)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Taliahassee, FL 32314

•	1. DISCOVERY CON	N'ECTIONI INC			
NAME OF CORPORATI	ON:				
DOCUMENT NUMBER:	N23000005906	<u></u>			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
SUZI MCQUEEN					
		(Name of Contact I	ctson)		
DISCOVERY CONNECTI	ON INC				
		(Firm/ Compar	ıy)		
6064 WEST GATE DR, SU	JITE D.				
		(Address)			
ORLANDO, FL 32835					
		(City/ State and Zip	Code)		
discoveryconnectioninc@o	utlook.com				
I	-mail address: (to be use	d for future annual re	port notifica	tion)	
For further information con	cerning this matter, please	call:			
SUZI MCQUEEN		а	941 t	855-0107	
-	(Name of Contact Person			e) (Daytime Telephor	ic Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department	of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	-	is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is sclosed)	
Division of	ent Section of Corporations	A D	treet Address mendment Solvision of Co	ection rporations	
P.O. Box 6327		Ţ	ne Centre of	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DISCOVERY CONNECTION INC						
(Name of Corporation as currently filed with the	Florida 1	Dept. of State)				_
N23000005906						
(Docume	ent Numb	er of Corporation (if k	nown)			_
Pursuant to the provisions of section 617.1006, Fiori amendment(s) to its Articles of Incorporation:	ida Statut	es, this <i>Florida Not Fo</i>	or Profit Corpo	oration adopts the t	followi	ng
A. If amending name, enter the new name of the NONE	corpora	tion:			The ne	<b>.</b>
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		tion" or "incorporated	d" or the abbre	viation "Corp." o		
B. Enter new principal office address, if applicab	ole:	SUZI MCQUEEN		⊸.m ⊗	20;	
(Principal office address <u>MUST BE A STREET AI</u>		) 6064. WEST DR SU	лт D	AL CRE	2024 OC	- -
		ORLANDO FL,3283	5	TAR AH,	7 25	171
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		PO BOX 681892		S E E S	PH	
		ORLANDO FL 3286	8	FL	_2:	_ <b>3</b> 4
				·		_
D. If amending the registered agent and/or regist			enter the nar	ne of the		
new registered agent and/or the new registere	<u>d office a</u>	ddress:		<del>_</del>		
Name of New Registered Agent:	SUZI MO	QUEEN	<del></del>			
•	6064. WI	EST DR SUIT D				
<del>-</del>		(Florida street address)				_
New Registered Office Address:						
- -	ORLANI	<del></del>	<del> </del>	, Florida		_
Now Desistand Associa Clematics of should D		(City)		(Zìp Code)		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.			the obligation	s of the position		
(	A	ay M	Paro	, a) the position.		
<b>ラー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファ</b>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	gnadire of New Regist	ered Agent, if t	hanging		_

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	V Mike	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>C</u>	Desirea Smith	6064. WESTGATE DR SUITE D ORLANDO FL 32868
x Remove			<u>}.</u>
2) Change Add	<u>D</u>	CARLOS TUNER	6064. WESTGATE DR SUIT D ORLANDO FL 32868
X Remove 3) Change Add X Remove	<u>AP</u>	HEATH BRATHWAITE	6064. WESTGATE DR ORLANDO FL 32868
4) X Change Add	<u> </u>	SUZI MCQUEEN	6064. WESTGATE DR ORLANDO FL 32868
Remove  5) Change	<u>AP</u>	SUZI MCQUEEN	6064. WESTGATE DECO
Remove 6) Change Add			H 25 PH 5
Remove  E. If amending or additional shadditional shaddit		articles, enter change(s) here: ). (Be specific)	<u>LH</u> 22
I AM MAKING CHINA	AGES TO OFFIC	ERS ABOVE, REMOVING DESIREA SI	MITH AS CHAIRMAN (C) , REMOVE
		C 4.50\ -	VER AS DIRECTOR (D). WITH ADDING
		· · · · · · · · · · · · · · · · · · ·	

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			SE 202
			2024 OCT 25 SECRITARY
			TARY OF STATE AHASSEE, FL
			%C -0 199
			PH 5: 44
			o: L
			- E
The date of each amendment date this document was signed			, if other than the
	10/21/2024		
Effective date if applicable:	(no more than 90 days after an	nendment file dotal	
	·		
	is block does not meet the applicable statu he Department of State's records.	tory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/w was/were sufficient for a	ere adopted by the members and the numb	er of votes cast for the amendme	nt(s)

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated Signature Signature  10/21/2024
	(By the chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	SUZI MCQUEEN
	(Typed or printed name of person signing)
	President

(Title of person signing)

2024 OCT 25 PH 5: 44