

11 230000 13965

(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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03/08/24--01029--008 \*\*43.75

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2024 MAR -8 AM 11:45

CLERK OF COURT

To: State of Florida, Division of Corporations

From: Jacquelyn Brown

Re: Document# N23000300671

Date: 04/15/2024

Msg:

Good day, I'm requesting an amendment to Discover Wimauma Inc, document # N23000013965 specifically to change and amend the name to Discover Wimauma Tours and More Inc. (Document# L23000300671). I'm the registered owner of both.

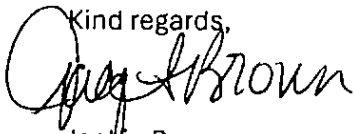
**I have dissolved Discover Wimauma Tours and More LLC (Document# L23000300671) and will not reinstate it.**

**I have attached a copy of the IRS determination letter for Discover Wimauma Tours and More Inc.**

Please advise should you need additional information. My phone number is (813) 541-1202. email is DiscoverWimauma@gmail.com.

I have attached a copy of check #1293, originally sent with the previous request. That check was not returned to me.

Kind regards,

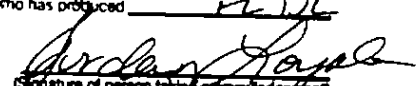


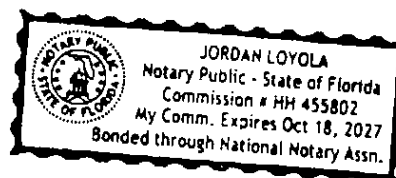
Jackie Brown

Jacquelyn F. Brown

STATE OF FLORIDA  
COUNTY OF Hillsborough  
The foregoing instrument was acknowledged before me by means of / physical presence on this 17 day of April, 2024, by Jacquelyn Brown, who is ☐ personally known to me or ☒ who has produced FL 126 as identification.

(notary stamp)

  
(Signature of person taking acknowledgment)  
Jordan Loyola  
(Name typed, printed or stamped)



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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Discover Wimauma Inc.

DOCUMENT NUMBER: N23000300671

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacquelyn F. Brown

(Name of Contact Person)

Discover Wimauma Inc.

(Firm/ Company)

932 Ridge Haven Dr.

(Address)

Brandon, Florida 33511

(City/ State and Zip Code)

DiscoverWimauma@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelyn F. Brown

813

541-1202

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|---|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

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Articles of Amendment  
to  
Articles of Incorporation  
of

Discover Wimauma Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000300671

123 0000 139605

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Discover Wimauma Tours and More Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NA

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove		<u>N/A</u>	
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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- ☐ 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 2/15/2024

Signature   
(By the chairman or vice 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)

Jacquelyn F. Brown

(Typed or printed name of person signing)

President

(Title of person signing)

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