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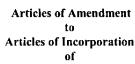
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 100 M	ENTERTAINME	ENT AND MARKETING	12/
DOCUMENT NUMB	ER:P14000	0016020		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	Please return all correspondence concerning this matter to the following:			
	MARCOS REZ	ZENDE		
	CSG - CAPITA			
	446 W HILLSE			
	DEERFIELD B			
MA	RCOS@THEV	City/ State and Zip Cod		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
MARCOS F	REZENDE	at (954	, 427-4770	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301





DOM ENTERTAINMENT AND MARKETING INC

(Name of Corporation as currently filed with the Florida Dept. of State) P14000016020 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: CSG - CAPITAL SERVICES GROUP INC Name of New Registered Agent 446 W HILLSBORO BLVD (Florida street address) DEERFIELD BEACH Florida New Registered Office Address: (City) 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

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PDS	D&L R.E. INVESTMENTS LL	HUNKINS WATERFRONT
Add			PO BOX 556
Remove			CHARLESTOWN, NEVIS W
2) Change	PDS	DANIELLE C.S. MIRANDA	13770 SW 116TH LN
Add			MIAMI, FL 33186
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	menting the amendment if not contained in the amendment itself:		sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: 08/31/2014	, if other than th
date this document was signed.	, , ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date if applicable: 08/31/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	5)
The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ 08/31/2014	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	π
DANIELLE CRISTINA SOUZA MIRANDA	
(Typed or printed name of person signing)	
PRESIDENT / DIRECTOR / SECRETARY	
(Title of person signing)	