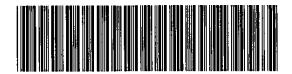
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(Re	questor's Name)			
(Ad	dress)			
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PICK-UP	MAIT	MAIL		
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Special Instructions to Filing Officer:				
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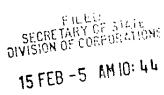
COVER LETTER

TO: Amendment Section Division of Cornerations

Division of Corporations					
NAME OF CORPORATION: DMIG II		CORP.			
DOCUMENT NUMBER: P1500000	19209 - 04				
The enclosed Articles of Amendment and fee ar	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
ISAIRIS CHI	ISAIRIS CHINICLE				
all many .	Name of Contact Person	1			
-	P:(C				
Firm/ Company 2030 EAST 2 AVENUE					
	Address				
HIALEAH, FI	33010				
	City/ State and Zip Cod	е			
LAMULATA01@					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, p	olease call:				
ISAIRIS CHINICLE at (786) 4860454					
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	_	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



DMIG	INVEST	MENT,	CORP.
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48 48 48 48 48 48 48 48 48 48 48 48 48 4	
(Name of Corporation as currently filed with the FI P1500009204	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: DMGI ACQUISITIONS & INVESTM	IENTS, INC. The new
name must be distinguishable und contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2030 EAST 2 AVENUE
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL. 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2030 EAST 2 AVENUE
	HIALEAH, FL. 33010
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stre	et address)
New Registered Office Address:	, Florida
(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, 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)

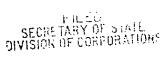
Please note the officer/director title by the first letter of the office title:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	N/A		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add	•		
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
N/A	
,	
. <u>If a</u> pr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)



The date of each amendment(s)	adoption: 01/22/2015	อเชาริเอีล กริ อิ	DIVISION OF CORPORATIONS		
date this document was signed.		15 FEB -5	AM 10: 44		
Effective date if applicable:	1/22/2015	C / CI	1		
	(no more than 90 da	ys after amendment file	date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The nur sufficient for approval.	mber of votes east for th	e amendment(s)		
	pproved by the shareholders through for each voting group entitled to vote				
"The number of votes ca	st for the amendment(s) was/were su	fficient for approval			
by	(voting group)	.,,,			
	(voting group)				
The amendment(s) was/were a action was not required.	dopted by the board of directors with	hout shareholder action	and shareholder		
The amendment(s) was/were a action was not required.	dopted by the incorporators without	shareholder action and s	shareholder		
Dated_01/30/	2015 Men Clem	- Slo			
(By E selec	director, president of other officer - ted, by an incorporator - if in the ha inted fiduciary by that fiduciary)			_	
	ISAIRIS CHINICLE				
	(Typed or print	ed name of person signi-	ng)	_	
	MNG				
	(Title o	f person signing)			