P150000085414

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	; #)
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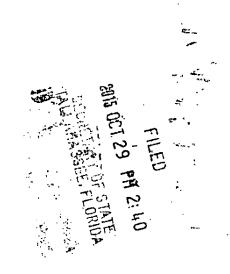
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OCT 3 0 2015 A RAMSEY

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations DMG ENTERPRISES, INC NAME OF CORPORATION: P15000085414 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TANYA STARGELL Name of Contact Person DMG ENTERPRISES, INC Firm/ Company PO BOX 46966 Address **TAMPA, FL 33647** City/ State and Zip Code TMSNOV13@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TANYA STARGELL 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: \$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is ... Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 1915 ACT 29 PM 2: 40

	of	2015 OCT 29 PM 2: 40
DMG E	iterprises INC	2010 CO TO HE STATE
	oration as currently filed with the	Florida Dent. of State) SECT. FLORID
(Mante of Corp	oration as currently med with the	A see a
/[Dogument Number of Composition (i	Cknown
(L	Occument Number of Corporation (i	i known)
ursuant to the provisions of section 607.1006, F s Articles of Incorporation:	Florida Statutes, this Florida Profit	Corporation adopts the following amendment(
. If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ' ord "chartered," "professional association," o	'Corp," "Inc," or "Co". A profes	
. Enter new principal office address, if appli		
rincipal office address <u>MUST BE A STREET</u>	(ADDRESS)	
Enter now mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
		
 If amending the registered agent and/or re new registered agent and/or the new registered. 		enter the name of the
new registered against and or the new registre	torous visito mant esse	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
110W Itegasia, en Oppeo Itan est.	(City)	(Zip Code)
ew Registered Agent's Signature, if changin		she chlications of the manition
hereby accept the appointment as registered ag	geni. I am jamiliar with and accept	the ootigations of the position.
	Signature of New Registered Agen	t 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		JESSE A CARTER	PO BOX 46966
x Add				TAMPA, FL 33647
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
				,
6) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

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an amendment provides for an exch	ange, reclassification, or	cancellation of issued sha	res.
provisions for implementing the ame	ndment if not contained	n the amendment itself:	_
(if not applicable, indicate N/A)			
			

10-23-2015	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
10-23-2015	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more main so adjust dimensimple date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
action was not required.	
10-23-2015	
Dated	
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 court	
appointed fiduciary by that fiduciary)	
MICHELE CARTER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	