Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000213610 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 Phone : (305) 372-1350

Fax Number

: (305)372-1352

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OPIUM GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEP 15 2008

EXAMINE

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Opium Group, LLC	•	
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our records Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Company	were filed on July 14, 2006	and assigned
Florida document number L06000070454		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
Opium Vegas, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4305 Dean Martin Drive	S S.
(Principal office address MUST BE A STREET ADDRESS)	Suite 100	SEC
	Las Vegas, NV 89103	
		7
Enter new mailing address, if applicable:	4305 Dean Martin Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100	2 35
	Las Vegas, NV 89103	<u> </u>
		– 5 m
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	et address)
	, Florid	
	(City)	(Zip Code)

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

itle	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			l Remove
_			[] Rémove
			[] Add [] Remove
			38 -
	ding any other information, enter chai	nge(s) here: (Attach additional sheets, if necessary.)
. If amen			
). If amendament			
). If amen			

Page 2 of 2

Filing Fee: \$25.00