

**L0700004035**

Florida Department of State  
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.**

((H09000176858 3)))



H090001768583ABCB

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG - 5 AM 10:14

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**J. LEVINE INVESTMENTS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

RECEIVED  
AUG 5 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**T. HAMPTON**

AUG - 6 2009

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

J. Levine Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 25, 2007 and assigned  
Florida document number L07000044035

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PRIVE VEGAS INVESTORS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

690 Lincoln Road

Suite 201

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

690 Lincoln Road

Suite 201

Miami Beach, FL 33139

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Alan W. Levine, Esquire

New Registered Office Address:

1110 Brickell Avenue, Suite 700

*Enter Florida street address*

Miami

Florida

33131

*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:

MGR = Manager

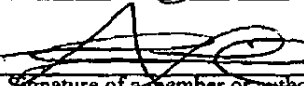
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Justin Levine	5131 Mountain Foliage Drive Las Vegas, NV 89148	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Roman Jones	690 Lincoln Road, Suite 201 Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

August 5, 2009

  
Signature of a member or authorized representative of a member

Alan W. Levine, authorized representative

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG -5 AM 10:14