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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -6 AM 8:41

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JUN 29 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSNE INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEAL I. SKLAR, ESQ.

Name of Person

FRIEDMAN SKLAR PLLC

Firm/Company

1019 KANE CONCOURSE, SUITE 200

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

NSKLAR@FS-LEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEAL I. SKLAR, ESQ. 305 332-5767

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee &
Certificate of Status \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

OSNE INVESTMENTS, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 23, 2016 and assigned

Florida document number L16000214285

This amendment is submitted to amend the following:

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

SOMMANA INVESTMENTS, LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: NEAL I. SKLAR, ESQ.

New Registered Office Address: 1019 KANE CONCOURSE, SUITE 200

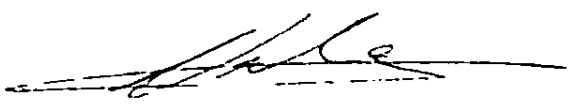
Enter Florida street address

BAY HARBOR ISLANDS, Florida 33154

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|--------------------------------|---|
| MGR | MAX A. SKLAR | 1019 KANE CONCOURSE, SUITE 200 | <input checked="" type="checkbox"/> Add |
| | | BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ARI SKLAR | 1019 KANE CONCOURSE, SUITE 200 | <input checked="" type="checkbox"/> Add |
| | | BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MARC SKLAR | 1019 KANE CONCOURSE, SUITE 200 | <input checked="" type="checkbox"/> Add |
| | | BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: MAY 1, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 3

2022

Handwritten signature of Oscar Sklar

Signature of a member or authorized representative of a member

OSCAR SKLAR

Typed or printed name of signer

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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