

h16 000214285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

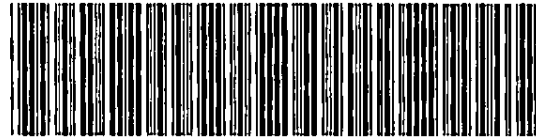
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY -6 AM 8:41

FILED

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

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 23, 2016 and assigned  
Florida document number L16000214285.

FILED  
2022 MAY -6 AM 8:41  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

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

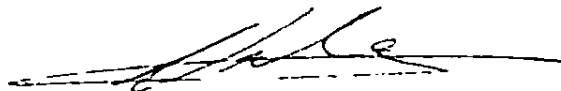
Florida 33154

*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
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			<input type="checkbox"/> Change

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**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.

Dated MAY 3 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY -6 AM 8:41

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**Filing Fee: \$25.00**