

L15000149838

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2015 NOV 30 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC -1 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INCA 9, 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:

Kimberly A. ABRAMS, ESQ.  
Name of Person

Law office of Kimberly A. ABRAMS  
Firm/Company

**LAW OFFICE OF  
KIMBERLY A. ABRAMS  
& ASSOCIATES, P.A.**

2699 Stirling Road, Suite A105 • Ft. Lauderdale, FL 33312  
Tel: 954-985-9715 • Fax: 954-985-9745  
mail@abramsrealestatelaw.com

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

For further information concerning this matter, please call:

Kimberly A. ABRAMS, ESQ. at (954) 985-9715  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

INCA 9, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/1/15 and assigned  
Florida document number L15000149838

This amendment is submitted to amend the following:

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

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)

589 Willow Avenue  
Cedarhurst, NY 11516

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

589 Willow Avenue  
Cedarhurst, NY 11516

**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:

New Registered Office Address:

2699 Stirling Rd, Suite A105  
Enter Florida street address  
Fort Lauderdale, Florida 33312  
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>
AMBR	Joel Salzman	123 Grove Ave, #101	<input type="checkbox"/> Add
		Cedarhurst, NY 11516	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	INCA HOLDINGS INC.	589 Willow Ave.	<input checked="" type="checkbox"/> Add
		Cedarhurst, NY	<input type="checkbox"/> Remove
		11516	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2015 NOV 30 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY 30 PM 5:23  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

FILED

(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.

Dated 10/28/15,                     

Signature of a member or authorized

Signature of a member or authorized representative of a member

Joel Salzman

Typed or printed name of signee