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A CONTRACTOR OF STREET

COVER LETTER

TO: Registration Section Division of Corporations	7
SUBJECT: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:	
Kimbaly A. Abrams, Esq. Name of Person	
Law CFFICE OF Kimbaly A. Abrams	
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:	
Name of Person at (954) 985-9715 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Bigcup \Bigc	

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

(Name of the Limited Liability Com (A Florida Limite	apany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on 9/1/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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 Averve 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 registered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the new sere:
Fort	Enter Florida streed address Cultural City Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Joel Salzman	123 Grove Ave. #10	DDA 🗆 🖊
		Cadorhorst, NY 1151	(Remove
			Change
<u>AMBR</u>	INCA HOLDENGS, INC-	589 WillOW AVE.	Add
	TNC-	Cedartorst, NY 115	Remove
			Change
			Add
			15 Remove
			S.I. Clare
			Remove
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fan effective <u>Note:</u> If the	e date is listed, the date inserted	than the date of the date must be sport in this block do on the Departm	ecific and cann es not meet t	ot be prior to the applicable	late of filing or r	nore than 90 days	optional) after filing.)	Pursuant t	(to 605,02	07 (as t
e record The 90t	specifies a h day after	delayed effe the record is	ctive date, filed.	, but not a	in effective	time, at 12:	01 a.m. (on the e	arlier (of
Dated	10/	28/1	5, 7							
		Joel	E Az	L						
-		Signat	ure of a memb	oer or authoriz	ed representativ	e of a member				

Page 3 of 3

Filing Fee: \$25.00