

L15000149852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

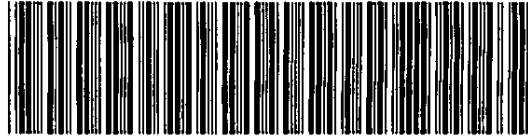
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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Y.S

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INCA 10, 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 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

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 11516	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (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 10/28/15

Joel E. Salzman

Signature of a member or authorized representative of a member

Joel Salzman

Typed or printed name of signee