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124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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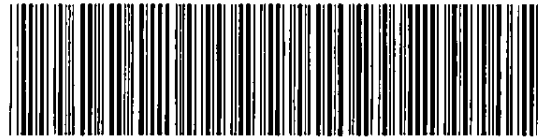
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAFAELLA MENDONCA 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:

RAFAELLA K DA SILVA MENDONCA

Name of Person

RAFAELLA MENDONCA LLC

Firm/Company

3354 TIMUCUA CIRCLE

Address

ORLANDO, FL 32837

City/State and Zip Code

RAFA_KARLLA@HOTMAIL.COM

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

For further information concerning this matter, please call:

RAFAELLA MENDONCA

321 387-4721
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

If Changing Registered Agent, Signature of New Registered Agent

1

AMBR = Authorized Member

[illegible]

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

REQUESTED CHANGES:

CHANGE OF THE COMPANY'S NAME: IECS FLORIDA LLC

CHANGE OF PRINCIPAL OFFICE ADDRESS: 2614 EMERALD ISLAND BLV, KISSIMMEE - FL, 34747

REMOVE AMBR: RENATA DE OLIVEIRA TELES

E. Effective date, if other than the date of filing: OCTOBER 14TH, 2024 (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 OCTOBER 14TH, 2024

Rafaela K. da S Mendonca
Signature of a member or authorized representative of a member

RAFAELLA K DA SILVA MENDONCA

Typed or printed name of signer

Filing Fee: \$25.00