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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	LA MENDONCA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	RAFAELLA K DA SILVA	A MENDONCA	
		Name of Person	
	RAFAELLA MENDONC	A LLC	
		Firm/Company	
	3354 TIMUCUA CIRCLE		
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	RAFA_KARLLA@HOTM		
	E-mail address: (to be used for future annual report r	notification)
For further information	concerning this matter, please co	all:	
RAFAELLA MENDON	NCA	321 387-4721	
Name	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		<u>Street Address</u> Registration	
Division of C	Corporations	Division of C	Corporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAFAELLA MENDONCA LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000326001	were filed on 07/22/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
IECS FLORIDA LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2614 EMERALD ISLAND BLVD
Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE - FL, 34747
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida

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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RENATA DE OLIVEIRA TELES	7 LYTLE AVE SW ROME, GA 30162	🗆 Add
			= Remove
			□Change
			□Add
			Remove
		<u>annang</u>	Change
			□Remove
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			□Remove
			Change
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			□ Change
			
			□Remove
			□ Change

CHANGE OF THE COMPAN'	Y'S NAME: IECS FLORIDA LLC
CHANGE OF PRINCIPAL OF	FICE ADDRESS: 2614 EMERALD ISLAND BLV, KISSIMMEE - FL, 34747
REMOVE AMBR: RENATA I	DE OLIVEIRA TELES
	
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Note: If the date inserted in this bloc	ate of filing: OCTOBER 14TH, 2024 (optional)
f the record specifies a delayed effective of ecord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 14TH	2024
	Palaella K. da 5 Mendença ignature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signce