

12/6/23, 11:18 AM

Division of Corporations

**L230004164543**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : L & L ACCOUNTING SERVICES CORP  
Account Number : I20210000184  
Phone : (786)499-9751  
Fax Number : (305)647-0181

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LORENA @ L AND L ACCOUNTING SERVICES . COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LA DENTLA USA LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help DEC 07 2023 T. LEMIEUX

### COVER LETTER

TO: **Registration Section  
Division of Corporations**

LA DENTLA USA LLC

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:

LORENA CUMARE

\_\_\_\_\_  
Name of Person

L&L ACCOUNTING SERVICES CORP

\_\_\_\_\_  
Firm Company

5987 NW 102ND AVE

\_\_\_\_\_  
Address

DORAL, FLORIDA 33178

\_\_\_\_\_  
City, State and Zip Code

lorenata.landlaccountingservices.com

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

For further information concerning this matter, please call:

LORENA CUMARE

786 499-9751  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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 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>
MGR	JUAN C MARINELLI	58 NE 14TH ST SUITE 2402 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRUZ MARINELLI JUAN	58 NE 14TH ST SUITE 2402 MIAMI, FL 33132	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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E. **Effective date, if other than the date of filing:** 12/05/2023 (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 DECEMBER 05 2023

Juan C Marinelli  
Signature of a member or authorized representative of a member

JUAN C MARINELLI  
Typed or printed name of signee