

L23000361709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

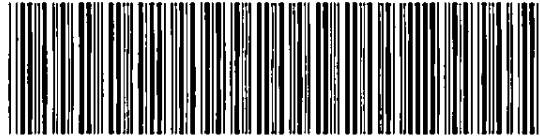
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

VH

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEM, 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:

Diego F Echeverry Vargas

Name of Person

Firm/Company

150 SE 2nd Ave, Suite 404

Address

Miami, FL 33131

City/State and Zip Code

errolpolanco@gmail.com

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

For further information concerning this matter, please call:

Errol Polanco

Name of Person

at (

954)

Area Code

662-3257

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

2EM, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE FL 32301

(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)

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 14, 2023

Signature of a member or authorized representative of a member

Diego F Echeverry Vargas

Typed or printed name of signee