

Jun.-21. 2024 5:07PM
6/21/24, 4:31 PM

Division of Corporations

No. 2688

H-24000216334-1343

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000121015

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000216334 3)))



H240002163343ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.
Account Number : I28180000068
Phone : (407)344-1012
Fax Number : (407)344-1371

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EDIM HOUSING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

JUN 25 2024

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Corporate Filing Menu

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2024 JUN 24 AM 9:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 JUN 24 AM 4:28

FILED

Jun. 21. 2024 5:08PM

COVER LETTER

No. 2500
1724000214234-2

TO: Registration Section
Division of Corporations

SUBJECT: EDIM HOUSING 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:

JULIAN VASQUEZ

Name of Person

FREEDOMTAX ACCOUNTING

Firm/Company

1016 E OSCEOLA PARKWAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

JVASQUEZ@FREEDOMTAXFL.COM

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

For further information concerning this matter, please call:

CRISTHINA VAZQUEZ

407

344-1012

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

Jun. 21. 2024 5:08PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EDIM HOUSING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/08/2023 and assigned
Florida document number L23000121015

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1012 E OSCEOLA PARKWAY STE 17

KISSIMMEE, FL 34744

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1012 E OSCEOLA PARKWAY STE 17

KISSIMMEE, FL 34744

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FREEDOMTAX ACCOUNTING & MULTISERVICES INC

New Registered Office Address:

1016 E OSCEOLA PARKWAY

Enter Florida street address

KISSIMMEE, Florida 34744

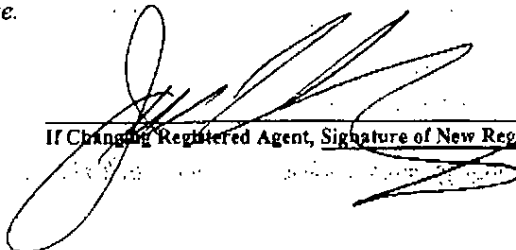
City

Zip Code

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



No. 2688
H24V00216-3343
2024 JUN 24 AM 4:28
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Jun 21, 2024 5:03PM

No. 2693
#272002143343

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	ENDER INCIARTE MONTIEL	5190 LATROBE DR	<input type="checkbox"/> Add
		WENDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIENZO HOLDINGS LLC	1012 E OSCEOLA PARKWAY STE 17	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2024 JUN 21 AM 11:29
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Jun. 21, 2024 5:09PM

HTVOC-51633431

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: _____ (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 JUNE 21, 2024

Ender Triante Montiel

Signature of a member or authorized representative of a member

ENDER INCIARTE MONTIEL

Typed or printed name of signee

Filing Fee: \$25.00