

L16000034915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

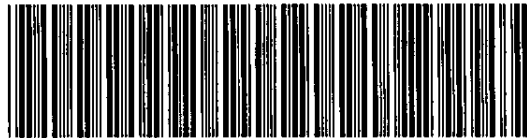
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600283054506

03/21/16--01011--014 \*\*25.00

FILED  
2016 MAR 21 P 1:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 22 2016

S MASON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healing Art Therapy, 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:

Susana Echeverri

Name of Person

Healing Art Therapy

Firm/Company

8811 SW 132<sup>nd</sup> Pl #309

Address

Miami, FL 33186

City/State and Zip Code

echeverri\_susana@yahoo.com

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

For further information concerning this matter, please call:

Susana Echeverri

Name of Person

at (305) 298-4850

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

Healing Art Therapy

(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 2/18/16

Florida document number 216000034915

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Susana Echeverri

New Registered Office Address:

8811 SW 13271 #309

Enter Florida street address

Miami

City

Florida

FL 33186

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.*

Susana Echeverri

If Changing Registered Agent, Signature of New Registered Agent

Lined area for document content.

**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 3/16, 2016

Susana Echeverri  
Signature of a member or authorized representative of a member

Susana Echeverri  
Typed or printed name of signee

FILED  
2016 MAR 21 P 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company****HEALING ART THERAPY, LLC****Filing Information**

<b>Document Number</b>	<b>L16000034915</b>
<b>FEI/EIN Number</b>	<b>NONE</b>
<b>Date Filed</b>	<b>02/18/2016</b>
<b>Effective Date</b>	<b>02/18/2016</b>
<b>State</b>	<b>FL</b>
<b>Status</b>	<b>ACTIVE</b>

**Principal Address**

**8811 SW 132 PLACE  
309  
MIAMI, FL 33186**

**Mailing Address**

**8811 SW 132 PLACE  
309  
MIAMI, FL 33186**

**Registered Agent Name & Address**

**ECHEVERRI, SUSANA  
8811 SW 132 PLACE  
309  
MIAMI, FL 33186**

**Authorized Person(s) Detail****Name & Address****Title MGR**

**ECHEVERRI, SUSANA  
8811 SW 132 PLACE, APT 309  
MIAMI, FL 33186**

**Title MGR**

HERNANDEZ, JUAN  
8811 SW 132 PLACE, APT 309  
MIAMI, FL 33186

**Annual Reports**

**No Annual Reports Filed**

**Document Images**

02/18/2016 -- Florida Limited Liability

[View image in PDF format](#)

Copyright © and Privacy Policies  
State of Florida, Department of State