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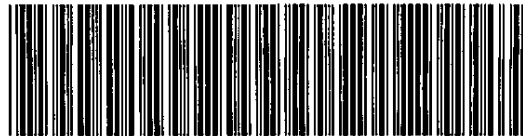
(Business Entity Name)

(Document Number)

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2016 JUL 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2016
BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

SUSANA ECHEVERRI
8811 SW 132 PL #309
MIAMI, FL 33186

SUBJECT: HEALING ART THERAPY, LLC
Ref. Number: L16000034915

2016 JUL 18 PM 4:09
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We have received your document for HEALING ART THERAPY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00014280

2016 JUL 18 P 2:29
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 13271. #309.
Address

Miami FL 33188
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 at (305) 298-4850
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2016 JUL 8 P 2:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 and assigned
Florida document number L 16000034915

This amendment is submitted to amend the following:

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

N/A

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)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

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 Hernandez	8811 SW 132 Pl. #309. Miami, FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2018 JUL 16
TALLAHASSEE FLORIDA
CLERK OF COURT

2016 JUL 18 P 2:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Dated July 14, 2016.

Susana Schreveri

Signature of a member or authorized representative of a member

Susana Echeverri

Typed or printed name of signee