N08000010140

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Amend. 184/22/09 DC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Healing Touch Music Therapy Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
<u>Eiretchen Mitche</u> (Name of Co	ontact Person)			
Healing Touch Mu	USIC Therapy, Inc.			
3500 State Road 16 (Address)				
St. Augustine FL 32092 (City/ State and Zip Code)				
For further information concerning this matter, please call:				
Gretchen Mitchell (Name of Contact Person)	at (904) 540-1169 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Healma Touch Music Therapy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N 08 000010140 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable and bbreviation "Corp." or " Inc." <u>"Company</u>		
. <u>Enter new principal office address, if a</u> Principal office address <u>MUST BE A STR</u>		
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
		, enter the name of the
. If amending the registered agent and/onew registered agent and/or the new registered of New Registered Agent:		, enter the name of the
new registered agent and/or the new r		enter the name of the
Name of New Registered Agent:	egistered office address:	enter the name of the , Florida (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Title <u>Name</u> Address ☐ Add □ Remove Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) We Healing Touch Music Therapy Inc. are amending our Articles of Incorporation by adding the following: 1x. Personal Liability No officer or Director of this corporation shall be personally liable for the debts or obligations of this corporation of any nature whatsoever, norshall any property of the officer or Directors be subject to the payment of the debts or obligations of this corporation. X. Dissolution At the time of dissolution of the corporation, the Board of Directors shall, Ofter paying or making provisions for the payment of all debts, obligations, liabilities, cost and expenses of the corporation, dispose of all the assets of the corporation. In no case shall a disposition bemade which would not qualify as a charitable contribution under Section 170 (c) (1) or (2) of the Internal Revenue Code of 1986, as now enorted or hereofter amended, in such manner as the Board of Directors shall determine.

	The date of each amendment(s	s) adoption: <u>April 8, 2009</u>
	Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
=	Adoption of Amendment(s)	(CHECK ONE)
•	The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
	There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
	Dated	4-14-D9
	Signature	the chairman or vice chairman of the board, president or other officer-if directors
	have	the charman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
		Jill Carpenter
		(Typed or printed name of person signing)
,		Succelary
		(Title of person signing)

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