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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
DEC 07 2011
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Solera He	ealth Systems, LLC		
SUBJECT:		mited Liability Company		
	eles of Amendment and fee(s) are s	we de		
Please return all co	rrespondence concerning this mat	ter to the following:		
	Kirsten Eylerts			
		Name of Person		
Solera Health Systems, LLC		olera Health Systems, LLC Firm/Company		
		• •	enta Tanan	
	2151	2151 S. Le Jeune Road, Suite 308 Address		
		HASS T		
	Coral Gables, FL 33134 City/State and Zip Code		SEE. F	
	K-mail address	kirsten@matusalem.com E-mail address: (to be used for future annual report notification)		
For further informa	ation concerning this matter, pleas		OF STATE	
	Kirsten Eylerts	at (305) 448-8255		
Ŋ	Name of Person	Area Code & Daytime Telephone Nu	mber	
Enclosed is a check	k for the following amount:			
✓ \$25.00 Filing F	cee \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Cert (additional copy is enclosed) Cert	O Filing Fee, ificate of Status & ified Copy itional copy is enclosed)	
F I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building	S:	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Solera Health S			
(Name of the Limited Liability Compar (A Florida Limited L	<u>ıy as it now appea</u> iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	April 20, 2009	and assigned
Florida document numberL0900038001			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	····		
(Principal office address MUST BE A STREET ADDRESS)			Agr. =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TILED PEC -'6 FM III: 8 AN ASSEE FINAL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	E.	stou Florida atract add	wass
	Enter Florida street address		
	City	, Florida	Zip Code
Now Designated Assessed Assessed Assessed Assessed Assessed	City		Zip Couc
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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nicolas R. Alvarez	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	Add ✓ Remove
MGRM	Claudio R. Alvarez	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	Add Remove
MGRM	Florida Health Investments ,	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessa	Add Remove
			MIII: 30 Y Of STATE FLORIDA
Dated	December 1 , 201	1-1/1L	
	-	or authorized representative of a member	, <u> </u>
		udio R. Alvarez or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00