

LD9000038001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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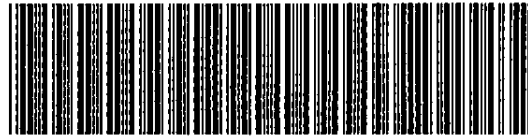
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 07 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Solera Health Systems, 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:

Kirsten Eylerts

Name of Person

Solera Health Systems, LLC

Firm/Company

2151 S. Le Jeune Road, Suite 308

Address

Coral Gables, FL 33134

City/State and Zip Code

kirsten@matusalem.com

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

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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Kirsten Eylerts

Name of Person

at ( 305 )

448-8255

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Solera Health Systems, LLC**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

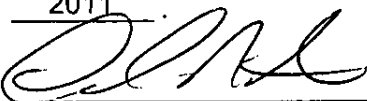
| <u>Title</u> | <u>Name</u>                               | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|---|--|--|
| MGRM         | Nicolas R. Alvarez                        | 2151 S. Le Jeune Road<br>Suite 202<br>Coral Gables, FL 33134 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Claudio R. Alvarez                        | 2151 S. Le Jeune Road<br>Suite 202<br>Coral Gables, FL 33134 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Florida Health Investments <sup>LLC</sup> | 2151 S. Le Jeune Road<br>Suite 202<br>Coral Gables, FL 33134 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 TALLAHASSEE, FLORIDA

Dated December 1, 2011



Signature of a member or authorized representative of a member

Claudio R. Alvarez

Typed or printed name of signee