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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AllscriptsMisys, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandy Gilliam
(Name of Person)

Allscripts
(Firm/Company)

19431 Caney Ave
(Address)

Carson, CA 90746
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandy Gilliam (Name of Person) at (310) 926-8458 (Area Code & Daytime Telephone Number)

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee
☑ $30 Filing Fee & Certificate of Status
☒ $55 Filing Fee & Certified Copy
☐ $60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: AllscriptsMisys, LLC

2. Jurisdiction of its organization: North Carolina

3. Date authorized to do business in Florida: 9/25/2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 9/14/2010

5. New name of the limited liability company: Allscripts Healthcare, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

Lee A. Shapiro
Typed or printed name of signee

Filing Fee: $25.00

FILED
11 APR 14 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NORTH CAROLINA
Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

ALLSCRIPTS HEALTHCARE, LLC

the original of which was filed in this office on the 14th day of September, 2010.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of February, 2011.

Elaine F. Marshall

Secretary of State

C201025200011

SOSID: 0551332
Date Filed: 9/14/2010 5:45:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C201025200011

State of North Carolina
Department of the Secretary of State

Limited Liability Company
AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57C-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1. The name of the limited liability company is: AllscriptsMisys, LLC

2. The text of each amendment adopted is as follows (attach additional pages if necessary):
Article 1 of the Articles of Organization is hereby deleted in its entirety and the following new Article 1 is inserted in lieu thereof:

"1. The name of the limited liabilty company is Allscripts Healthcare, LLC."

3. (Check either a or b, whichever is applicable)

a.____ The amendment(s) was (were) duly adopted by the unanimous vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.

b. X The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.

4. These articles will be effective upon filing, unless a date and/or time is specified: _____

This the 8th day of September, 20 10.

AllscriptsMisys, LLC
Name of Limited Liability Company

Signature

William J. Davis, Manager
Type or Print Name and Title

NOTES:
1. Filing fee is $50. This document must be filed with the Secretary of State.

(Revised January 2000)
CORPORATIONS DIVISION P. O. BOX 29622 RALEIGH, NC 27626-0622 *(Form L-17)*

NC050 - 12/15/2004 CT System Online

NORTH CAROLINA
Department of The Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ALLSCRIPTS HEALTHCARE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 25th day of May, 2000, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of April, 2011.

Elaine F. Marshall

Secretary of State

Certification# 91445604-1 Reference# 10523572- Page: 1 of 1
Verify this certificate online at www.secretary.state.nc.us/verification