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16 JUL 27 AM 8:01

JUL 28 2016

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 229477 5173143

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : July 26, 2016

ORDER TIME : 10:08 AM

ORDER NO. : 229477-030

CUSTOMER NO: 5173143

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FOREIGN FILINGS

NAME: MEDASSETS NET REVENUE SYSTEMS,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedAssets Net Revenue Systems, 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:

Jen DeYoung

Name of Person

nThrive Revenue Systems, LLC

Firm/Company

200 North Point Center East, Suite 600

Address

Alpharetta, GA 30022

City/State and Zip Code

jdeyoung@medassets.com

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

For further information concerning this matter, please call:

Jen DeYoung

Name of Person

at (678) 248-8395

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

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MedAssets Net Revenue Systems, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M08000002548

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/30/2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: nThrive Revenue Systems, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

City

_____, 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

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>J. Joel Hackney, Jr.</u>	<u>200 North Point Center Eas, Suite 600, Alpharetta, GA 30022</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>CFO</u>	<u>Dennis Norman</u>	<u>200 North Point Center Eas, Suite 600, Alpharetta, GA 30022</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>VP & Secretary</u>	<u>Daniel J. Mulligan</u>	<u>200 North Point Center Eas, Suite 600, Alpharetta, GA 30022</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>VP & Secretary</u>	<u>Jonathan H. Glenn</u>		<input type="checkbox"/> Add
		<u>200 North Point Center Eas, Suite 600, Alpharetta, GA 30022</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Daniel J. Mulligan

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MEDASSETS NET REVENUE SYSTEMS, LLC", CHANGING ITS NAME FROM "MEDASSETS NET REVENUE SYSTEMS, LLC" TO "NTHRIVE REVENUE SYSTEMS, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JULY, A.D. 2016, AT 4:32 O'CLOCK P.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 27 AM 8:01




Jeffrey W. Bullock, Secretary of State

3670488 8100
SR# 20165092536

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202726796
Date: 07-27-16

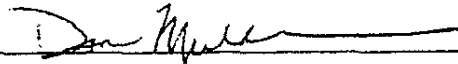
State of Delaware
Secretary of State
Division of Corporations
Delivered 04:32 PM 07/07/2016
FILED 04:32 PM 07/07/2016
SR 20164818437 - File Number 3670488

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: MedAssets Net Revenue Systems, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is nThrive Revenue Systems, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 7th day of July, A.D. 2016.

By: 
Authorized Person(s)

Name: Daniel J. Mulligan

Print or Type

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