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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAGE SOFTWARE HEALTHCARE, LLC

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SECRETARY OF STATE
TALLAHASSEE FI ORIO

EXAMINER

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COVER LETTER

	gistration vision of (Section Corporations		•			
SUBJECT	3 <u> '</u>	Sage Se	oftware Healthcare, LLC				
		Name of Forei	m Limited Liability Co	mpany			
Dear Sir or	Madam:			•			
The enclose	ed applica	ation, certificate and fee(s)	are submitted for filing	,			
Please retu	m all con	espondence concerning th	is matter to the following	og:			
		Shiho Inouye					
		Name of Person					
		Kirkland & Ellis LLP		•			
	, , , , , , , , , , , , , , , , , , ,	Firm/Company					
	555	California Street, Suite 2700					
		Address					
	S	San Francisco, CA 94104					
		City/State and Zip Cod	:				
E-mail ac	dress (to	sinouye@kirkland.com	renort notification)				
2 111001			, ,				
For further i	informatio	on concerning this matter,	please call:				
		of Person	at (415)	439-1966 me Telephone Number			
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STF	REET/CO	OURIER ADDRESS:		LING ADDRESS:			
	istration S			tration Section			
	ision of C ton Buildi	orporations		ion of Corporations Box 6327			
		ve Center Circle		nassee, Florida 32314	•		
		Florida 32301			TAI		
Enclosed is	a check	for the following amount		<u></u> .	28	DEC	-
S25 Filin	g Fee	530 Filing Fee &	S55 Filing Fee &	560 Filing Fee,	美田	C	er properties
		Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	30		-
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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)

ι.	Name of limited liability company as it appears on the records of the Florida Department of State: Sage Software Healthcare, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 01/11/2010
	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? 11/10/2011
5	New name of the limited liability company: Vitera Healthcare Solutions, LLC
	(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Plo the or	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") 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:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	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
	Laurens Albada, CFO of member
	Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SAGE SOFTWARE HEALTHCARE, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "VITERA HEALTHCARE SOLUTIONS, LLC", THE TENTH DAY OF NOVEMBER, A.D. 2011, AT 2:27 O'CLOCK P.M.

2639856 8320

111242988

AUTHENTY CATION: 9190202

DATE: 11-30-11

You may vorify this certificate online