

M10000000125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

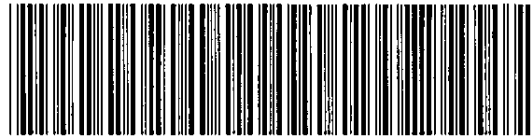
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2014 MAR 24 PM 12:44

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

RECEIVED

14 MAR 24 PM 1:55



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 064607 7870643

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 20, 2014

ORDER TIME : 12:42 PM

ORDER NO. : 064607-235

CUSTOMER NO: 7870643

FOREIGN FILINGS

NAME: VITERA HEALTHCARE
SOLUTIONS, 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: Susie Knight -- EXT# 52956

EXAMINER: _____

064607-235



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

CSC
SUSIE KNIGHT

SUBJECT: VITERA HEALTHCARE SOLUTIONS, LLC
Ref. Number: M10000000125

RESUBMIT

Please give original
submission date as file date.

We have received your document for VITERA HEALTHCARE SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 914A00006337

RECEIVED
DEPARTMENT OF STATE
14 APR 17 PM 1:59



877.932.6301 (main)
4301 West Boy Scout Blvd., Suite 800, Tampa, FL 33607
www.greenwayhealth.com

April 17, 2014

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Greenway Health, Inc. hereby consents to the following related company effectuating a name change utilizing "Greenway Health" in its name:

- Vitera Healthcare Solutions, LLC changing its name to Greenway Health, LLC

Should you require further information, please do not hesitate to contact me at 813.202.5227, or via email at sam.snider@greenwayhealth.com.

Sincerely,

R. Samuel Snider
General Counsel and Asst. Secretary
Greenway Health, Inc.



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Vitera Healthcare Solutions, 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)

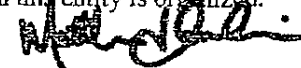
4. New name of the limited liability company: Greenway Health, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

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

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

7. Attached is an original 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

Matthew J. Hawkins, Manager

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 24 PM 12:44

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VITERA HEALTHCARE SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GREENWAY HEALTH, LLC", THE TWENTIETH DAY OF MARCH, A.D. 2014, AT 3:14 O'CLOCK P.M.

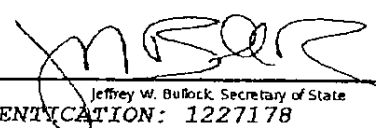
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2639856 8320

140361126

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1227178

DATE: 03-21-14