

M1100000 6136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

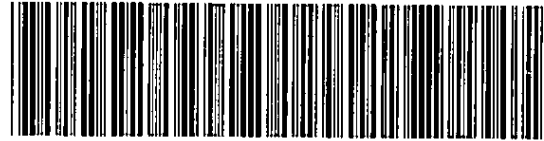
(Business Entity Name)

(Document Number)

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MAY 15 2019  
T. LEWIS

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MAY 15 2019  
T. LEWIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Acclara Solutions, 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:

Monica Routh  
Name of Person

Acclara Solutions, LLC  
Firm/Company

10713 West Sam Houston Parkway North , Suite 500  
Address

Houston, TX 77064  
City/State and Zip Code

MRouth@Acclara.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Routh at ( 713 ) 429-6043  
Name of Person 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 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: CCS - Patient Accounts Services, LLC.

Enter new principal office address, if applicable: 10713 West Sam Houston Parkway North  
Suite 500  
Houston, TX 77064  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 10713 West Sam Houston Parkway North  
Suite 500  
Houston, TX 77064  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M11000006136

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 12-07-11

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

5. New name of the limited liability company: Acclara Solutions, 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

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

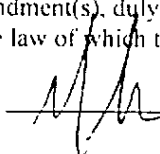
\_\_\_\_\_


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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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

Michael Lam 

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



David Whitley  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Acclara Solutions, LLC (file number 800467587), a Domestic Limited Liability Company (LLC), was filed in this office on March 17, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 05, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley  
Secretary of State

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



David Whitley  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 09, 2017, Patient Accounts Services, LLC, a Domestic Limited Liability Company (LLC) (file number 800467587), changed its name to Acclara Solutions, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 05, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley  
Secretary of State

**Form 424**

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709

Filing Fee: See instructions



**Certificate  
of Amendment**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800467587 03/09/2017  
Document #: 720785160003  
Image Generated Electronically  
for Web Filing

**Entity Information**

The filing entity is a: **Domestic Limited Liability Company (LLC)**

The name of the filing entity is: **Patient Accounts Services, LLC**

The file number issued to the filing entity by the secretary of state is: **800467587**

**Amendment to Name**

The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:

The name of the filing entity is:

**Acclara Solutions, LLC**

A letter of consent, if applicable, is attached.

**Statement of Approval**

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing**

- ☒ A. This document becomes effective when the document is filed by the secretary of state.  
☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.

Date: **March 9, 2017**

**Michael Lam, VP Legal**

Signature of authorized person

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Form 205

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709

Filing Fee: \$200



**Articles of Organization  
Pursuant to Article  
1528n, Texas Limited  
Liability Company Act**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800467587 03/17/2005  
Document #: 85381240003  
Image Generated Electronically  
for Web Filing

**Article 1 - Name**

The name of the limited liability company is as set forth below:

Patient Accounts Services, LLC

The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for the "name availability" is recommended.

**Article 2 - Registered Agent and Registered Office (Select and complete either A or B and complete C)**

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Michael A Lam

C. The business address of the registered agent and the registered office address is:

Street Address:

2000 Smith Street Houston TX 77002

**Article 3 - Management (Complete items A or B)**

☒ A. The limited liability company is to be managed by managers.

OR

☐ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the initial members are set forth below:

Manager 1: (Business Name)

DMS, Inc.

Street Address:

2000 Smith Street Houston TX, USA 77002

**Article 4 - Duration**

The period of duration is perpetual.

**Article 5 - Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized.

**Supplemental Provisions / Information**



[The attached addendum, if any, is incorporated herein by reference.]

**Organizer**

The name and address of the organizer is set forth below.

Michael A. Lam      2000 Smith Street, Houston, TX 77002

**Effective Date of Filing**

☒ A. This document will become effective when the document is filed by the secretary of state.

OR

☐ B. This document will become effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

**Name Reservation Document Number**

84982060003

**EXECUTION**

The undersigned organizer signs these articles of organization subject to the penalties imposed by law for the submission of a false or fraudulent document.

Michael A. Lam

Signature of Organizer

FILING OFFICE COPY