Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this pay Doing so will generate another cover sheet.					2)
RECEIVED	SECRETARY SECRET	Phone Fax Number il address for loort mailings. E	: (850)617-638 : C T CORPORAT r: FCA000000023 : (850)222-109 : (850)878-536 this business en inter only one en	ntity to be use mail address p	ALLAHASSEC FLORIBA JUL 2 0 2013	222
		Estimated Charge		343.00	A. LUNT	

Attna Medicaid Administrators LLC

Electronic Filing Menu

Corporate Filing Menu

Help

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)

Name of limited liability company as it appears on the records of the Florida I State: Aetra Medicaid Administrators LLC	Department of
2. Jurisdiction of its organization: Arizona	
3. Date authorized to do business in Florida: 05/5/4/2007	201
SECTION II (4-7 complete only the applicable changes)	AUCAHA
4. If the amendment changes the name of the limited liability company, when we change effected under the laws of its jurisdiction of organization? 06/21/2013	
5. New name of the limited liability company: Astna Medicaid Administrators LLC (must end with "Limited Liability Company," "	LLC," WILLCT W
(If name unavailable, enter alternate name adopted for the purpose of transacting to Florida and attach a copy of the written consent of the managers or managing mentite alternate name. The alternate name must end with "Limited Liability Company or "LLC.") 6. If the amendment changes the period of duration, indicate new period of duration.	nbers adopting y," "L.L.C."
7. If the amendment changes the jurisdiction of organization, indicate new jurisdi	ction:
3. If the amendment corrects any false statement, indicate the statement being correction:	orrected and the
Attached is an original certificate, no more than 90 days old, evidencing the aformendment(s), duly authenticated by the official having custody of records in the law of which this entity is organized. Signature of a member or the authorized representative of a member	orementioned he jurisdiction under
Edward C, Lee Typed or printed name of signee	•
v Man as hemine muse at attenda	

Filing Fee: \$25.00



STATE OF ARIZONA



Office of the CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION DOBS HERBBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW:

** AETNA MEDICAID ADMINISTRASTORS LLC **

WAS INCORPORATED ON THE 15TH DAY OF NOVEMBER, 1996.

I FURTHER CERTIFY THAT THE ABOVE NAMED CORPORATION CHANGED ITS NAME TO:

** AETNA MEDICAID ADMINISTRATORS LLC **

ON THE 21ST DAY OF JUNE, 2013, AS PROVIDED BY LAW.

IN WITHESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arixona Corporation Commission. Done at Phoenix, Capital, this 17. Day of July, 2013 A.D.



Jose A. Jerich, Associative Director

Donyell Bolden

