

F190000001426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

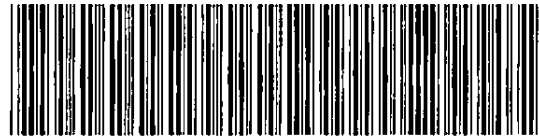
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800408440888

NLC Amend

Teresa gave
permission to add
MMA Group USA Inc
as the alternate
name

A. RAMSEY

MAY 26 2023

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 25 PM 12:28

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 25 AM 10:55

FILED

02545, 02976
*02250, 00524, 00671

FLORIDA CAPITAL COURIER SERVICES, INC .
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$43.75**

Authorization Signature: _____

Medicare Medicaid Advisors USA Inc. F19000001426

Business Name Doc. #

☐ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.

☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Authority**

OTHER FILINGS

☐ **Trademark**
☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: MEDICARE MEDICAID ADVISORS USA INC.
Ref. Number: F19000001426

We have received your document for MEDICARE MEDICAID ADVISORS USA INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L18000288745.

Please put the alternate name in the space provided in paragraph 5.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 723A00012094

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MEDICARE MEDICAID ADVISORS USA INC.

Name of Corporation

DOCUMENT NUMBER: F19000001426

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELISSA ANDERSON

Name of Contact Person

MMA USA INC

Firm/Company

8215 MELROSE DRIVE

Address

LENEXA, KS 66214

City/State and Zip Code

MELISSA@ASKMMA.COM

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

For further information concerning this matter, please call:

MELISSA ANDERSON

at (913) 649-0300

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000001426

(Document number of corporation (if known))

1. MEDICARE MEDICAID ADVISORS USA INC.

(Name of corporation as it appears on the records of the Department of State)

2. KANSAS

(Incorporated under laws of)

3. 03/11/2019

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/09/2023

5. MMA USA INC

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

MMA GROUP USA INC

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
2023 MAY 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change.

| Job Capacity | Name | Address | Type of Action |
|--------------|-------|---------|---------------------------------|
| _____ | _____ | _____ | <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 |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Michael J. Anderson
 (Signature of a director, president or other officer - if in the hands of
 a receiver or other court appointed fiduciary, by that fiduciary)
Michael J. Anderson President
 (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

That MEDICARE MEDICAID ADVISORS USA, INC. is a regularly and properly organized corporation under the laws of the state of Kansas, having been incorporated in Kansas on the 28th day of April, A.D., 2017.

I FURTHER CERTIFY that a certificate of amendment was filed in this office May 9, 2023, changing the corporate name from MEDICARE MEDICAID ADVISORS USA, INC. to MMA USA INC.

I DO FURTHER CERTIFY that MMA USA INC is in good standing, having fully complied with all requirements of this office.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka,
this 24th day of May, A.D., 2023.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE