

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.

((H13000162226 3)))



H130001622263ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
13 JUL 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCHALLER ANDERSON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 JUL 19 AM 9:05
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 20 2013

A. LUNT

**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)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Schaller Anderson, LLC
2. Jurisdiction of its organization: Arizona
3. Date authorized to do business in Florida: 05/31/2007

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? 5/24/2013
5. New name of the limited liability company: Actna Medicaid Administrators LLC
(must end with "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 end with "Limited Liability Company," "L.L.C.," or "LLC.")
6. 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:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. 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

Edward C. Lee

Typed or printed name of signer

Filing Fee: \$25.00

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

2013 JUL 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION
DOES HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW:

**** SCHALLER ANDERSON, 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 MAY, 2013, AS PROVIDED BY LAW.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission. Done at Phoenix, Capital,
this 20 Day of June, 2013 A.D.



Jodi A. Gerich
Jodi A. Gerich, Executive Director

By: *Donyell Bolden*
Donyell Bolden