

MO 2000002620

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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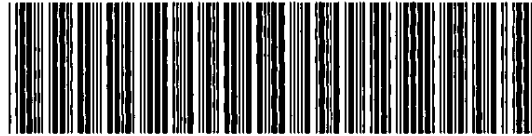
(Business Entity Name)

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08 JUL -7 PM 12:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JUL -7 AM 9:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL - 8 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 632215 4350891

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$25.00

ORDER DATE : July 1, 2008

ORDER TIME : 11:05 AM

ORDER NO. : 632215-050

CUSTOMER NO: 4350891

FILED  
08 JUL -7 AM 9:35  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: AEDON STAFFING, LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT#

EXAMINER: \_\_\_\_\_

**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: Aedon Staffing, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 10/3/2002

**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? 7/1/2008

5. New name of the limited liability company: 360 Healthcare Staffing 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

Holly Rasmussen-Jones

Typed or printed name of signee

**Filing Fee: \$25.00**

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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AEDON STAFFING, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "360 HEALTHCARE STAFFING LLC", THE FIRST DAY OF JULY, A.D. 2008, AT 10:53 O'CLOCK A.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.

3562113 8320

080747752

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6700969

DATE: 07-01-08