M10000008058

(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

000173132710

03/26/10--01008--018 **25.00

FILED
10 MAR 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med Travelers, 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:

Anne-Celine Woelk
Name of Person

AMN Healthcare Services, Inc.
Firm/Company

12400 High Bluff Drive
Address

San Diego, CA 92130
City/State and Zip Code

Anne-Celine.Woelk@amnhealthcare.com
E-mail address: (to be used for future annual report notification)

FILED
10 MAR 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anne-Celine Woelk at (858) 509-3588
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 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: Med Travelers LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 02/03/2006

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? 10/15/2009

5. New name of the limited liability company: AMN Allied Services, 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.

FILED
10 MAR 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a member or the authorized representative of a member

Denise L. Jackson, Secretary
Typed or printed name of signee

Filing Fee: $25.00

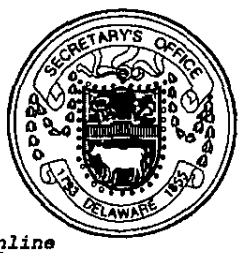
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MED TRAVELERS, LLC", CHANGING ITS NAME FROM "MED TRAVELERS, LLC" TO "AMN ALLIED SERVICES, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2009, AT 11:37 O'CLOCK A.M.

4088606 8100

100163379



Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7843445

DATE: 03-02-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:37 AM 10/15/2009
FILED 11:37 AM 10/15/2009
SRV 090937493 - 4088606 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: MED TRAVELERS, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 of the Certificate of Formation is hereby deleted in its entirety and the following Article 1 is inserted in lieu thereof:

FIRST
The name of the limited liability company (hereinafter called the "limited liability company") is AMN ALLIED SERVICES, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 14th day of October A.D. 2009.

By: _____
Authorized Person(s)

Name: Denise L. Jackson
Print or Type