

L200000 65884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

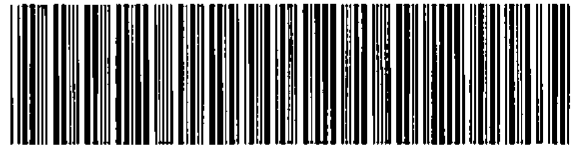
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2020 27 APR 11:32

R. WHITE  
APR 08 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Medical Personnel Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Aguirre

Name of Person

AMN Healthcare, Inc.

Firm/Company

12400 High Bluff Dr., Suite 100

Address

San Diego, CA 92130

City/State and Zip Code

businesslicensing@amnhealthcare.com

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

For further information concerning this matter, please call:

Steven Aguirre

858

792-0711

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION. 27 MAR 32  
OF**

Advanced Medical Personnel Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/28/2020 and assigned  
Florida document number 120000065884.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Todd R. Champeau	12400 High Bluff Dr., Suite 100	<input type="checkbox"/> Add
		San Diego, CA 92130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ralph Henderson	8840 Cypress Waters Blvd., Suite 300	<input type="checkbox"/> Add
		Coppell, TX 75019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Landry E. Seedig	12400 High Bluff Dr., Suite 100	<input checked="" type="checkbox"/> Add
		San Diego, CA 92130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robin Johnson	8840 Cypress Waters Blvd., Suite 300	<input checked="" type="checkbox"/> Add
		Coppell, TX 75019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/26/2020,

DocuSigned by:  
Laundry Seeding  
DEA6C517E0D6499

Signature of a member or authorized representative of a member

Landry E. Seidig

Typed or printed name of signee

**Filing Fee: \$25.00**