

M18 000001575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

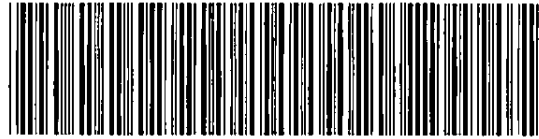
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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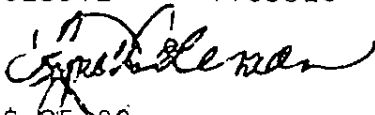
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/02/25

R. HUNT

10/02/25

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 015972 7765516
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 25, 2023
ORDER TIME : 9:10 AM
ORDER NO. : 015972-020
CUSTOMER NO: 7765516

2023 OCT -2 PM 12:40
DIVISION OF REVENUE

FOREIGN FILINGS

NAME: B. E. SMITH INTERIM SERVICES,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B. E. Smith Interim Services, 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:

Rebecca Burns - Legal

Name of Person

AMN Healthcare, Inc.

Firm/Company

2999 Olympus Blvd. Suite 500

Address

Dallas, Texas 75019

City/State and Zip Code

corporatesecretary@amnhealthcare.com

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

For further information concerning this matter, please call:

Rebecca Burns

at (214) 210-5946

Name of Person

Area Code & Daytime Telephone Number

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

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

2023 OCT -2 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: B. E. Smith Interim Services, LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000001575

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/13/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AMN Healthcare Interim Solutions, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

City, Florida 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

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DIVISION OF CLERK OF COURT
CLERK OF COURT

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Officer updates.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	See attachment.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Douglas J. Nix, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

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Division of Corporations

#8 – Officer Amendments

Officer:	Title:	Address:	ADD/REMOVE
MBR	B. E. Smith, LLC	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	REMOVE
MBR	AMN Leadership Solutions, Inc.	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	ADD
Whitney M. Laughlin	Chief Legal Officer and Corporate Secretary	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	ADD
Douglas J. Nix	Assistant Secretary	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	ADD
Denise L. Jackson	Corporate Secretary	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	REMOVE
DIRECTOR DETAIL:			
Cary Grace	Director	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	ADD
Denise L. Jackson	Director	2999 Olympus Blvd. Suite 500 Dallas, TX 75019	REMOVE

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CLERK OF COURT

BE
B Smith
Int.
FL

Delaware

The First State

Page 1

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 "B. E. SMITH INTERIM SERVICES, LLC", CHANGING ITS NAME FROM "B. E. SMITH INTERIM SERVICES, LLC" TO "AMN HEALTHCARE INTERIM SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2023, AT 12:29 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF OCTOBER, A.D. 2023.

FILED
OFFICE OF THE CLERK
2023 OCT -2 PM 12:40




Jeffrey W. Bullock, Secretary of State

6681159 8100
SR# 20233613779

Authentication: 204280177
Date: 09-29-23

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

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: B. E. Smith Interim Services, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

ARTICLE 1 - NAME

The name of the limited liability company (the "Company") is
AMN Healthcare Interim Solutions, LLC.

3. The amendment is to become effective on 10/01/2023.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 7th day of September, A.D. 2023.

DocuSigned by:
By: Whitney Laughlin
11F37F818168468
Authorized Person(s)

Name: Chief Legal Officer
Print or Type

2023 OCT -2 PM 12:40

DELAWARE SECRETARY OF STATE
DIVISION OF CORPORATIONS