

M230000/OC 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

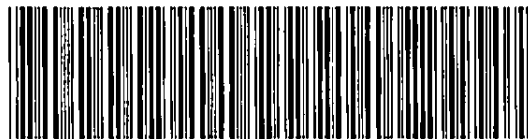
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10/02/23

**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: Merritt, Hawkins, & Associates, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

N/A

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

N/A

2. The Florida document number of this limited liability company is: M23000010076

3. Jurisdiction of its organization: CA

4. Date authorized to do business in Florida: 08/02/2023

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

5. New name of the limited liability company: AMN Healthcare Physician Permanent Placement, 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

_____, **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

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AMN HEALTHCARE PHYSICIAN PERMANENT PLACEMENT, LLC

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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
STATE OF MISSISSIPPI



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies

Entity Name: AMN Healthcare Physician
Permanent Placement, LLC

Formed In: CALIFORNIA

Entity No.: 201235610312

Entity Type: Limited Liability Company - CA

Issuance Date: 10/02/2023

Copies Requested: 1

Receipt No.: 005260005

Certificate No.: 149317535

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B2148-8582	09/28/2023	Amendment	1

** **** ***** End of list ***** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on October 02, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

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Office of the Secretary of State



BA20231525900



STATE OF CALIFORNIA
Office of the Secretary of State
AMENDMENT OF ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: BA20231525900
Date Filed: 9/28/2023
Effective On: 10/1/2023

Limited Liability Company Information

Limited Liability Company Name

MERRITT, HAWKINS & ASSOCIATES, LLC

Entity No.

201235610312

Amendment Details

Limited Liability Company Name

AMN Healthcare Physician Permanent Placement, LLC

Future Effective Date

10/01/2023

Review and Signature

Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.

Electronic Signature

☒ By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Whitney M. Laughlin

09/28/2023

Manager/Member Signature

Date

Certificate Verification No.: 149317535 Date: 10/02/2023

B2148-8582 09/28/2023 2:05 PM Received by California Secretary of State

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CLERK OF THE COURT
CLERK OF THE COURT