Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Amended Certificate of Authority

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

- 1. The business entity is a limited liability company (KRS 275).
- 2. The name of the business entity is:

B.E. SMITH INTERIM SERVICES, LLC

- 3. It is an entity organized and existing under the laws of the state of Delaware.
- The entity received authority to transact business in Kentucky on 5/7/2007. 4.
- The entity has changed its 5.

Domicile name to AMN Healthcare Interim Solutions, LLC Jurisdiction of organization to Delaware

As the authorized representative, I, Whitney M. Laughlin, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: Corporate Secretary 10/1/2023

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Michael G. Adams

Received and Filed

Fee receipt: \$40.00

10/1/2023 10:36:34 PM

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