

L06000026881

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 12 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Ankod Health Care Services of Jacksonville, 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:

Sandra M. Moody
Name of Person
Ankod Health Care Service of Jacksonville, LLC
Firm/Company
2105 Park Avenue Suite 22
Address
Orange Park, Florida 32073
City/State and Zip Code
sandra@ankod2.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra M. Moody at (904) 278-5462
Name of Person Area Code & Daytime Telephone Number

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ankod Health Care Services of Jacksonville, 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 March 8, 2006 and assigned Florida document number L06000026881.

This amendment is submitted to amend the following:

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

NA

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

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

NA

NA

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

NA

NA

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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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

Florida

NA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SANDRA M. MOODY	2105 Park Avenue Suite 22 Jacksonville, Florida 32073	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SEE ATTACHMENT A

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Dated September 18, 2010

Signature of a member or authorized representative of a member

SANDRA M. MOODY

Typed or printed name of signee

Attachment A
Ankod Health Care Services of
Jacksonville, LLC
2105 Park Avenue Suite 22
Jacksonville, Florida 32073

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TALLAHASSEE, FLORIDA

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To: Florida Department of State – Division of Corporations


- Re: Articles of Amendment to Articles of Organization of Ankod Health Care Services – Document # L06000026881

- Please be advised that one of the two original Managing Members of the above named company Margarett Occenad is, as of this date, September 18, 2010, no longer a part of this company, and has not been so from the day of her Resignation October 15, 2009.
- The Board of Directors at it's last meeting and with full consideration, has acknowledged, and accepted her resignation and it was the decision of the Board to remove her from any and all operations of this company, which was the direction of the Board, directly following her Resignation and communications from her of her desire to not be involved and/or connected with Ankod. There is no financial liability due from Ankod to Margarett Occenad.
- Margarett Occenad, without the approval of the company and the knowledge of the one other Managing Partner, Sandra M. Moody, did dissolve the company, and did so after her resignation from Ankod, which the Board feels was done with ill intent, and disregard for Ankod. The Sole current Managing Member, Sandra Moody filed the appropriate documentations and submitted the requested fee to the State to Revoke the Dissolution. The State did reinstate Ankod.

• Respectfully,

 9/20/10

• Sandra M. Moody, MGR/MGRM

 9/20/2010

