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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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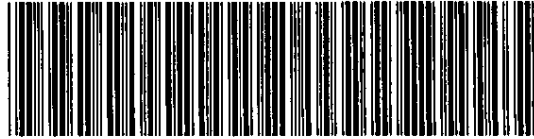
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2013
J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: harvey covington & thomas of central florida
Name of Limited Liability Company

ORIGINAL

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

Please return all correspondence concerning this matter to the following:

roderick harvey

Name of Person

harvey covington and thomas

Firm/Company

3816 Hollywood boulevard Suite 203

Address

Hollywood, Florida 33021

City/State and Zip Code

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

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For further information concerning this matter, please call:

Roderick Harvey

Name of Person

at **(954) 966-4435**

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

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

harvey covington & thomas of central florida

(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 3/14/2006 and assigned Florida document number L06000027343.

This amendment is submitted to amend the following:

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

covington & of central florida, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

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 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 type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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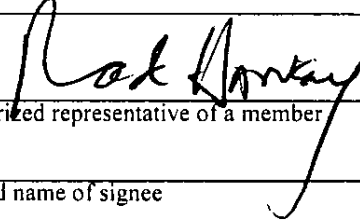
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending Article 1- As Retired Partner no longer is consenting
to use of name for this LLC. See additional sheets.

Amending Article 1 - As Partner Harvey no longer desires
to have name reflected in title for this LLC.

Dated March 20, 2013



Signature of a member or authorized representative of a member

Roderick Harvey CPA, CVA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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4555 Flat Shoals Parkway, Suite 107
Decatur, GA 30034
(678) 833-5332
www.mybradio.com

March 18, 2013

VIA EMAIL

Roderick Harvey
Managing Partner
Harvey, Covington & Thomas, LLC

Re: Discontinue use of my name "Thomas" in the Central Florida office of HCT

Dear Rod,

This letter confirms that I am no longer consenting to the use of my former name "Thomas" in the firm of Harvey, Covington & Thomas of Central Florida, LLC. Please cease and desist immediately from any reference to my name, my resume, my clients (present and former), and my credentials.

If you have any further questions, please feel free to contact me.

Regards,

Floran McFarland
Floran McFarland, CPA
President

Cc: Granville Law Group

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