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COVER LETTER

TO: Amendment Section
     Division of Corporations

NAME OF CORPORATION: Southpaw Stump Removal and Landscaping, Inc

DOCUMENT NUMBER: P02-00 0000 5636

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Brown
_____
Name of Contact Person

Southpaw Stump Removal and Landscaping, Inc
_____
Firm/ Company

14520 SE Hwy 19
_____
Address

Inglis   Fla   34449.
_____
City/ State and Zip Code

adrown @ tampabay. rr. com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison   Drown   at (727) 585- 7900
_____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ $35 Filing Fee
☐ $43.75 Filing Fee & Certificate of Status
☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2011

ALLISON DROWN
14520 SE HWY 19
INGLIS, FL 34449

SUBJECT: SOUTHPAW STUMP REMOVAL & LANDSCAPING, INC.
Ref. Number: P02000005636

We have received your document for SOUTHPAW STUMP REMOVAL & LANDSCAPING, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is <u>not acceptable</u>.

The document number of the name conflict is L11000030856.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II   Letter Number: 811A00016297

Articles of Amendment
to
Articles of Incorporation
of

Southpaw Stump Removal & Landscaping, Inc

__(Name of Corporation as currently filed with the Florida Dept. of State)__

_P0200000 5636_

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this _Florida Profit Corporation_ adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Southpaw at your Service, Inc _The new_
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: _14520 SE Hwy 19_
(Principal office address MUST BE A STREET ADDRESS) _Ingls, FL_

_34449_

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) _14520 SE Hwy 19_

Ingls, FL 34449

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida_____
(City)   (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ _____ _____	☐ Add ☐ Remove
_____	_____	_____ _____ _____	☐ Add ☐ Remove
_____	_____	_____ _____ _____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
   (attach additional sheets, if necessary).   (Be specific)

_____

_____

_____

_____

_____

_____

_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
   (if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____7/27/2011_____

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)   **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated_____7/27/2011_____

Signature _Allison Brown_____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

_Allison Brown_____

(Typed or printed name of person signing)

_P|V|S|T_____

(Title of person signing)

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