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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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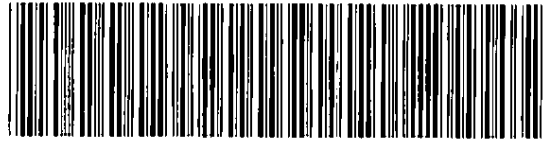
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A. RIVERS
NOV 3 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIGHT ONE TREE SERVICES 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:

IDRIS ABDULLAH

Name of Person

RIGHT ONE TREE SERVICES LLC

Firm/Company

3135 1ST AVENUE NORTH, SUITE 14436

Address

ST. PETERSBURG, FL 33733

City/State and Zip Code

mtabdullah10@gmail.com

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

For further information concerning this matter, please call:

Idris Abdullah

813

550-7069

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 17, 2023

Ind

Idris Abdullah

Typed or printed name of signee