

L27 000223278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

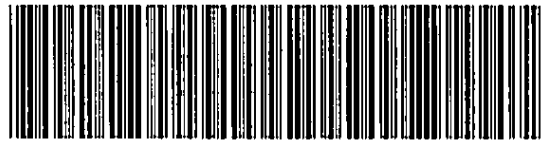
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/01/22 --01020--007 \*\*113.75

STATE OF FLORIDA  
TALLAHASSEE, FL

2022 SEP -7 PM 4:22

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Guest Health RPM 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:

Adam Nadler  
Name of Person

Firm/Company

7351 Willes Road Suite 104  
Address

Orlando Springs FL 33067  
City/State and Zip Code

adam@guesthealthsolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Nadler at (954) 540-5425  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 SEP -7 PM 2:35

August 9, 2022

ADAM NADLER  
9035 VISTA WAY  
PARKLAND, FL 33067

SUBJECT: QUEST HEALTH RPM SERVICES, LLC  
Ref. Number: L22000223278

We have received your document for QUEST HEALTH RPM SERVICES, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 122A00017799

FILED

2022 SEP -7 PM 4:22

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

ds.) ALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

החל

2022 SEP -7 PM 4:22  
SPECIAL AGENT  
TALAHASSEE FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

8 | 30 | 22



Adam Nadler

Typed or printed name of signee

**Filing Fee: \$25.00**