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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
TALLAHASSEF, FI

2022 APR 26 AM 8: 1.

COVER LETTER

TO:

Registration Section
Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YUSLEISY FERNANDEZ MARTINEZ	
YUSLEISY FERNANDEZ MARTINEZ	
Name of Person	attatus Street Address Certificate of Status & Certificate of Status & Certificate of Status & Certificate on Division of Corporations The Centre of Tallahassee
Firm/Company	
9734 NW 4 th LN	
Address	
MIAMI, FLORIDA, 33172	
City/State and Zip Code	
ymperez85@gmail.com / partnersolutionservice@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
YUSLEISY FERNANDEZ MARTINEZ at ()	
	-
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	tatus &
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PARTNER SOLUTION SERVICES LLC

(Name of the Limited Liability Company as it now appears of our vector A.) AM 8: 50

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL and assigned The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Yusleisy Fernandez Martinez		□Add
			□Remove
		9734 NW 4th LN, MIAMI, FL, 33172	■Change
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Effective date, if other than the date of filing: (a) (optional) (a) (optional) (a) (optional) (b) (a) (optional) (c) (optional) (c) (optional) (d) (optional) (e) (optional) (e) (optional) (fine 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 60 options of the filing of the filin	e 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records. The decifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the			-		.
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FLORIDA DEPARTMENT OF STATE Division of Corporations

SECHECARIAN I LE STATE TALLAHASSEE, FL

April 5, 2022

YUSLEISY FERNANDEZ MARTINEZ 9734 NW 4TH LN. MIAMI, FL 33172

SUBJECT: PARTNER SOLUTION SERVICES LLC

Ref. Number: L22000071591

We have received your document for PARTNER SOLUTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Letter Number: 522A00007908

Anissa Butler Regulatory Specialist II

www.sunbiz.org