

122000065633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

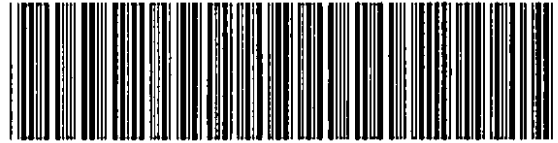
(Business Entity Name)

(Document Number)

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04/08/22--01019--022 \*\*25.00

2022 APR -8 AM 6: 38  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

O SIMMONS  
APR 22 2022



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 APR -8 AM 6: 38

RN HYDRO SOURCE LLC

SECRETARY OF STATE

(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 02/08/2022 and assigned Florida document number 1.22000065633.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

168 NELSON LN, ST JOHNS, FL 32259

**(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: RAFAEL NEGREIROS

New Registered Office Address: 168 NELSON LN

*Enter Florida street address*

ST JOHNS

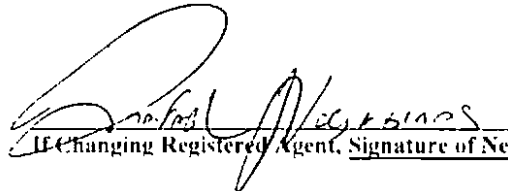
*City*

Florida 32259

*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 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.*

  
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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                     | <u>Type of Action</u>                   |
|--------------|--------------------|------------------------------------|---|
| MGR          | PHILLIP RAPOSO     | 1296 ORANGE BRANCH TRAIL, ST JOHNS | <input checked="" type="checkbox"/> Add |
|              |                    | FL, 32259                          | <input type="checkbox"/> Remove         |
|              |                    |                                    | <input type="checkbox"/> Change         |
| MGR          | RAFAEL NEGREIROS   | 168 NELSON LN, ST JOHNS, FL 32259  | <input checked="" type="checkbox"/> Add |
|              |                    |                                    | <input type="checkbox"/> Remove         |
|              |                    |                                    | <input type="checkbox"/> Change         |
| MGR          | POLLYANE NEGREIROS | 168 NELSON LN , ST JOHNS, FL 32259 | <input checked="" type="checkbox"/> Add |
|              |                    |                                    | <input type="checkbox"/> Remove         |
|              |                    |                                    | <input type="checkbox"/> Change         |
|              |                    |                                    | <input type="checkbox"/> Add            |
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