12200065633

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #)
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2022 APR -8 AM 6: 38 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS APR 2 2 2022

COVER LETTER

Division of Corpo	orations		
_	SOURCE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing,	
Please return all correspond	dence concerning this matter	to the following:	
	RAFAEL NEGREIROS		
	-	Name of Person	
	RN HYDRO SOURCE LL	C	
		Firm/Company	
	168 NELSON LN		
	·	Address	
	ST JOHNS .FL 32259		
		City/State and Zip Code	·
	CONTACT@RNHYDROS		
	E-mail address: (t	o be used for future annual report no	tification)
For further information con	ocerning this matter, please ca	ill:	
RAFAEL NEGREIROS		904 5970430 at ()	
Name of I	Person		me 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)
Marilian Addison		Stroot Addrises	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED **OF**

2022 APR -8 AM 6: 38

RN HYDRO SOURCE LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears of the Limited Liability Company)

Florida document number L22000065633	iability Company w	ere filed on <u>02/08/2022</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty 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 JO	HNS , FL 32259
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicables			
Enter new mailing address, if applicable:			*···
ALCE TO ALL MANDE ABOVE OFFICE	(<i>BOX</i>)		···
(Mailing address MAY BE A POST OFFICE			
Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office addre			nter the name of the new registe
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	ess here:	EIROS	nter the name of the new registe
B. If amending the registered agent and/or agent and/or the new registered office addre	RAFAEL NEGR	EIROS	
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	RAFAEL NEGR	EIROS Enter Florida street a	

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 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>	Address	Type of Action
MGR	PHILLIP RAPOSO	1296 ORANGE BRANCH TRAIL, ST JOHNS	≣ Add
		FL, 32259	□Remove
-			□Change
MGR	RAFAEL NEGREIROS	168 NELSON LN, ST JOHNS, FL 32259	≣ ∧dd
			□Remove
			□Change
MGR POLLYANE NEGREIROS	168 NELSON LN , ST JOHNS, FL 32259	≡ ∧dd	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			Change

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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be pock does not meet the ap	prior to date of filing or r plicable statutory filir	(options nore than 90 days after filing requirements, this da	ig.) Pursuant to 605.0207 (3
ne record specifies a delayed effective ord is filed.	e date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated APRIL 4TH	2022	·		
	•			
Are Ma	A LIFE INOS Signature of a member or a	uthorized representative	e of a member	