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COVER LETTER

Tallahassee, FL 32314

	egistration Se ivision of Cor					
C1:D1C71		EVELOPMENT PROPERTIES	SLLC			
SUBJEC1	·	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ım all correspo	ondence concerning this matter	to the following:			
		STEPHEN M. POWELL				
			Name of Person			
		ATLAS DEVELOPMENT	PROPERTIES LLC			
			Firm/Company			
		1379 MOSCATO DR.				
	Address					
		TITUSVILLE, FLORIDA 32780				
		City/State and Zip Code				
		Stephenp89@proton.me				
		E-mail address: (to be used for future annual report no	tification)		
For further	information c	oncerning this matter, please ca	all:			
Stephen M	1. Powell		757 897-7157			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	s a check for th	he 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)		
	lailing Addres		Street Address: Registration S	action		
	egistration strivision of C		Division of Co			
	O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS DEVELOPMENT PROPERTIES LLC

2024 APR 16 PH 3: 41

02/20/2022

(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 L	iability Company were	e filed on O2/20/2025	and assigned
Florida document number L23000105037	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited hability	company here:	
Waterack Technologies LLC			
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	<u> ET ADDRESS)</u>		<u></u>
			
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		ess on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:	Stephen M. Powell		
New Registered Office Address:	1379 Moscato Dr.		
		Enter Florida street addr	cenz
	Titusville	. 1	Florida 32780
		City	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.

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			☐Remove
		·	. □Change
			🖸 Add
			□Remove
		- ·	□Change
			□Remove
	•		□Change
			□Remove
			□Change
			□Add
			□Remove
	,		□Change
			□Add
			□Remove
			∏Change

Effe	tive date, if other than the date of filing:
Note	i If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
•	
the rece ford is	ord 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 filed.
Date	April 9th 2024
	$\leq 22.0.0$
	Signature of a member or authorized representative of a member
	Stephen M. Powell

Filing Fee: \$25.00