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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Watch My Dock, LLC Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Patrick Mc (arthy Name of Person	
	Firm/Company	
	2050 W. Co. Huy 30A, Suite MI-117	7
	Santa Rusa Beach, Fl 32459 City/State and Zip Code	
	PKM ES Q G MAIL. (om E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
	Patrick MC (arthy at (850) 259-9459 Name of Person Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
j≘ t \$2	25.00 Filing Fee Solution Status Score Statu	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKTICLES	OF ORGANIZATION	\mathcal{F}^* \mathcal{F}_{I}
	OF	2012
Watc	h My Dock, Wa	2017 SEP 20 PM 12: 28
(A Florida I	Company as it now appears on our reco- limited Liability Company)	38/8.12/1/11
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{7/24}{}$	12017 and assigned
The Articles of Organization for this Limited Liability Co Florida document number <u>L 17000158151</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Dog	ckIQ,LLC	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.		ds, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street add	ress
	1	Elonidu
	City	Florida Ziv 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 = N $AMBR = N$	Manager Authorized Member		FILEL		
<u>Title</u>	<u>Name</u>	Address	2017 SEP 20 PM 12: 28	Type of Action	
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the	te must be specific and	cannot be prior to d	ate of filing or more tha	(optional) in 90 days after filing. irrements, this date) Pursuant to 605.020 will not be listed a
ocument's effective date on t					
e record specifies a dela The 90th day after the		ate, but not a	n effective time,	at 12:01 a.m.	on the earlier o
ated Sept. 1	18 .	2017			
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Filing Fee: \$25.00