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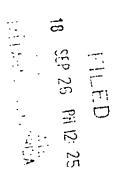
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COVER LETTER

	egistration Se ivision of Cor			
CUBICT	Liever Prop	erty Management and Investm	ents, LLC	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Damon Liever		
			Name of Person	
		Liever Property Manageme	ent and Investments, LLC	
			Firm/Company	
		1600 Sarno Road, Ste. 112		
			Address	
		Melbourne, FL 32935		
		dliever@rpmbrevard.com	City/State and Zip Code	
		E-mail address: (0	to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca	all:	
Damon Lie	ever		321 610-8022	
	Name of	f Person	at ()	Telephone Number
Enclosed is	s a check for th	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Liever Property Management and Investme	nts, LLC	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/02/2009	and assigned
Florida document number L09000105657		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		6
(Principal office address MUST BE A STREET ADD	RESS)	87
		6)
Enter new mailing address, if applicable:		PH IZ
(Mailing address MAY BE A POST OFFICE BOX)		25
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our recordress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	
	, I	Florida 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>	<u>Name</u>	Address	Type of Action
AMBR	Karen Liever		_ □ Add
		1130 Spring Oak Drive, Melbourne FL 32901	■ Remove
			☐ Change
AMBR	Lisa Campbell	1826 Sussex Court, Rockledge FL 32955	■ Add
			□ Remove
		·: 	Change
		·	S□ Add
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fective date, if other than the	date of filing:				_ (optional)		
an effective date is listed, the date must of the date inserted in this bloom	be specific and c	annot be prior to	o date of filing o	r more than 90 d ling requireme	ays after filing.) Pursuan will not	it to 605.020 be listed a
ocument's effective date on the De	partment of Sta	ate's records.	,	8 1			
e record specifies a delayed The 90th day after the reco	effective da ord is filed.	ite, but not	an effectiv	e time, at 1	2:01 a.m.	on the	earlier (
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Sept. 24 ated	,	2018					
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Filing Fee: \$25.00