

L13000123010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

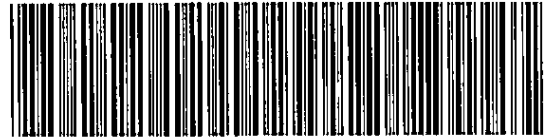
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21 APR 12 PM 3:21

STATE OF TEXAS
DEPARTMENT OF COMMERCE
DIVISION OF CORPORATIONS

BARRY C. KESSLER & ASSOCIATES

1275 MILWAUKEE AVENUE
SUITE 300
GLENVIEW, ILLINOIS 60025

TELEPHONE
(847) 803-3400
FACSIMILE
(847) 803-6267

BARRY C. KESSLER

April 8, 2021

Florida Department of State
Division of Corporations
2415 N Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Paul Revere Mortgage, LLC; and
APCSPE, LLC

Dear Madam or Sir:

Please find enclosed the following items together with the appropriate cover sheet:

1. Paul Revere Mortgage, LLC. The enclosed Articles of Amendment requests the following:
 - (a) Change of Registered Office and Agent;
 - (b) Withdraws Moshe Gourarie, Chara Fellig and Scott A. Silver as managers; and
 - (c) Appoints Adam Brosten and Larry Brosten as managers.

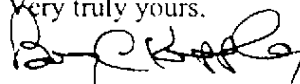
A check in the amount of \$55.00 is enclosed as the filing fee.

2. APCSPE, LLC. Enclosed are three filings with the appropriate cover sheets:
 - (a) Change of Registered Office and Agent;
 - (b) Dissociation/Resignation as Member, Manager of Grove Holdings, LLC; and
 - (c) Dissociation/Resignation as Member, Manager of Scott A. Silver.

A check in the amount of \$75.00 is enclosed as the filing fees.

Thank you for your assistance in this matter, and please contact the undersigned with any questions.

Very truly yours,



Barry C Kessler
Attorney for Adam Brosten and Larry Brosten

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paul Revere Mortgage, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Brosten

Name of Person

Paul Revere Mortgage, LLC

Firm/Company

3535 Washington Street

Address

Gurnee, IL 60031

City/State and Zip Code

adam@apcity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry C Kessler

847 987-4406
at ()

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
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
TO
ARTICLES OF ORGANIZATION
OF**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR 12 PM 3: 21

Paul Revere Mortgage, LLC

(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 12/06/2017 and assigned Florida document number L13000123010.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Paul Revere Mortgage, LLC

3535 Washington Street

Gurnee, IL 60031

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Paul Revere Mortgage, LLC

3535 Washington Street

Gurnee, IL 60031

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:

Adam Brosten

New Registered Office Address:

125 Cruiser Road N

Enter Florida street address

North Palm Beach

Florida

33408

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

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

21 APR 12 PM 3:21

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scott A Silver	2980 McFarlane Road, Suite 12	<input type="checkbox"/> Add
		Miami, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Brosten	125 Cruiser Road N	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Larry Brosten	3535 Washington Street	<input checked="" type="checkbox"/> Add
		Gurnee, IL 60031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Moshe Gourarie	2801 Florida Avenue	<input type="checkbox"/> Add
		Unit 417	<input checked="" type="checkbox"/> Remove
		Miami, FL 33133	<input type="checkbox"/> Change
MGR	Chara Fellig	2801 Florida Avenue	<input type="checkbox"/> Add
		Unit 417	<input checked="" type="checkbox"/> Remove
		Miami, FL 33133	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
21 APR 12 PM 3: 21

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

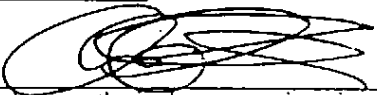
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 9, 2021



Signature of a member or authorized representative of a member

Adam Brosten

Typed or printed name of signee