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BARRY C. KESSLER & ASSOCIATES

1275 MILWAUREE AVENUE

SCITE 300

GLENVIEW, ILLINOIS 60025

TELEPHONE
(8-17) 803-3-100
FACSIMILE
(8-17) 803-62-67

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.

recty truly yours

Barry d Kessle

Attorney for Adam Brosten and Larry Brosten

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

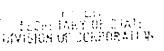
TO:

| | ere Mortgage, LLC | | | |
|---|---|---|--|--|
| SUBJECT. | Name of Limit | ted Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are subn | nitted for filing. | | |
| Please return all corresp | oundence concerning this matter t | o 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 noti | fication) | |
| For further information | concerning this matter, please cal | ll: | | |
| Barry C Kessler | | 847 987-4406 at () | | |
| Name | of Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| □ \$25.00 Filing Fee | S30.00 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 Addre | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Section | | |
| P.O. Box 63 | | Division of Corporations The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



21 APR 12 PH 3: 21

Paul Revere Mortgage, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

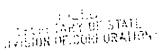
| The Articles of Organization for this Limited I Florida document number L13000123010 | Liability Company | were filed on 12/06 | 5/2017 | and assigned |
|---|-----------------------|---|----------------------------|---|
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here | : | |
| The new name must be distinguishable and contain the | words "Limited Liabil | lity Company." the desi | gnation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | Paul Revere Mortgage, LLC | | |
| (Principal office address MUST BE A STREA | | 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 agent and/or the new registered office addressed agent: Name of New Registered Agent: | | address on our reco | ords, <u>enter the nan</u> | e of the new registered |
| New Registered Office Address: | 125 Cruiser Ro | ad N | | |
| new registered Office Address. | | Enter Florida | street address | · <u>- </u> |
| North Palm L | | ach | Florida _ ³³ | 408 |
| | | City | x ivi iua | 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



21 APR 12 PA 3: 21

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

|) If amending any | other information, enter cl | hanne(s) here: | (Attach addition | ial chaate if paga | Jist Philippy | . L. 1011 MAII 2014 OMAII M |
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| Effective date, if o | other than the date of filing sted, the date must be specific and | cannot be prior to | date of filing or mor | (option | o nal) tiling.) Pursuant t | o 605.0207 (3)(|
| Note: If the date in | serted in this block does not meed date on the Department of S | eet the applicab | le statutory filing | requirements, this | date will not b | e listed as the |
| the record specifies a coord is filed. | delayed effective date, but not | an effective time | e, at 12:01 a.m. on | the earlier of: (b) |) The 90th day | after the |
| Dated April 9, | | 2021 | <u>.</u> | | | |
| | | (C) | 2 | > > | | |
| | Signature of a n | nember or authoriz | zed representative of | a member | | _ |
| Adam Bi | rosten | | | | | |
| | . | Typed or printed i | name of signee | | | _ |