Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NETWORK PACKAGING GROUP, LLC

Certificate of Status Certified Copy Ī 04 Page Count Estimated Charge \$55,00

Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NF	TWORK PACKAC	ANG GROUP, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on c Liability Company)	aur records.)		
The Articles of Organization for this Limited I Florida document number 1,14000161125	Liability Company	were filed on Octobe	r 15, 2014	and assigned	d
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design:	ation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:		2180 North Pointe D	rive		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Warsaw, Indiana 465	682		
		2180 North Pointe Drive Warsaw, Indiana 46582			
Name of New Registered Agent:	C T Corporatio	n System	<u>. </u>	7/2 T	
New Registered Office Address:	1200 South Pine Island Road			95. 3 - 150 - 70 -	03
		Enter Florida si	rvet address		
	Plantation		, Florida <u></u>	124955	
		City		ZpsCode თ	

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.

Stephane Hong

Stephanie Hencz Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383 Page: 5 of 6 2022-01-03 08:52:10 CST 12122023573 From: Lexus Wingo

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

Title	Name	Address	Type of Action
MGR	Tim Early	2104 Eastwood Road	□Add
		Winona Lake, Indiana 46590	
			(IChange
AMBR NPG Intermediate Holdings	NPG Intermediate Holdings LLC	2180 North Pointe Drive	■Add
		Waisaw, Indiana 46582	□Remove
			Change
			⊔Абб
			□Remove
			[]Change
			🗀 Add
			□Remove
			☐ Change
			
			□Remove
			□ Change
			□Add
			DRemove

From: Lexus Wingo

D.

E.

Note: L	the date inserted in this block does not meet the applicable statutory filing requirements, this can't effective date on the Department of State's records.	late will not be	listed as	the
E. Effective (If an effective	date, if other than the date of filing: (option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	i ai) ling.) Putsuant t	5 605,020 7	(3 k
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