

1/3/22, 9:48 AM

Division of Corporations

**L20000206999**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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Account Name : C T CORPORATION SYSTEM  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*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  
INDEIO LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

JAN 04 2022

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Electronic Filing Menu

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDEIO LLC

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

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The Articles of Organization for this Limited Liability Company were filed on September 14, 2020 and assigned  
Florida document number 120000286999

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 "L.L.C."

Enter new principal offices address, if applicable:

2180 North Pointe Drive

(Principal office address MUST BE A STREET ADDRESS)

Warsaw, Indiana 46582

Enter new mailing address, if applicable:

2180 North Pointe Drive

(Mailing address MAY BE A POST OFFICE BOX)

Warsaw, Indiana 46582

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

*City*

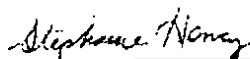
Florida 33324

*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.*

Stephanie Hencz  
Assistant Secretary



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>                   | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|-------------------------------|---------------------------------|--|
| MGR          | Robert Dandrea                | 3370 NE 190th Street, Suite 173 | <input type="checkbox"/> Add               |
|              |                               | Aventura, Florida 33180         | <input checked="" type="checkbox"/> Remove |
|              |                               |                                 | <input type="checkbox"/> Change            |
| MGR          | Tim Early                     | 2104 Eastwood Road              | <input type="checkbox"/> Add               |
|              |                               | Winona Lake, Indiana 46590      | <input checked="" type="checkbox"/> Remove |
|              |                               |                                 | <input type="checkbox"/> Change            |
| AMBR         | NPG Intermediate Holdings LLC | 2180 North Pointe Drive         | <input checked="" type="checkbox"/> Add    |
|              |                               | Warsaw, Indiana 46582           | <input type="checkbox"/> Remove            |
|              |                               |                                 | <input type="checkbox"/> Change            |
|              |                               |                                 | <input type="checkbox"/> Add               |
|              |                               |                                 | <input type="checkbox"/> Remove            |
|              |                               |                                 | <input type="checkbox"/> Change            |
|              |                               |                                 | <input type="checkbox"/> Add               |
|              |                               |                                 | <input type="checkbox"/> Remove            |
|              |                               |                                 | <input type="checkbox"/> Change            |
|              |                               |                                 | <input type="checkbox"/> Add               |
|              |                               |                                 | <input type="checkbox"/> Remove            |
|              |                               |                                 | <input type="checkbox"/> Change            |

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

F. 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 December 30, 2021

Signature of a member

Adam Hentze, Vice President of NPG Intermediate Holdings LLC, its member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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11.5

**Filing Fee: \$25.00**