Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NETWORK PARTNERS ACQUISITIONS LLC

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ETWORK PARTNERS ACQUI		
(Name of the Limit	ted Liability Company as it now a (A Florida Limited Liability Comp	nany)	- <del></del>
The Articles of Organization for this Limited L Florida document number 1.21000020639	iability Company were filed o	on <u>January 7, 2021</u>	and assigned
This amendment is submitted to amend the following	owing:		<b>~</b>
A. If amending name, enter the new name o	f the limited liability compa	iny here:	VISION D
The new name must be distinguishable and contain the v	vords "Limited Liability Company,	" the designation "LLC" or the a	bbreviation "LL C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)	<u>-</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BON)		
B. If amending the registered agent and/or agent and/or the new registered office addre	<u>ss here</u> :	our records, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:	C T Corporation System		
New Registered Office Address:	1200 South Pine Island Roa		
		ter Florida street address	7774
	Plantation Circ	, Florida <u>3</u>	3324 Zip Code
	City		ziji Cini

## New Registered Agent's Signature, if changing Registered Agent:

Page: 4 of 6

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.

Stephence Himay

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>	Name	<u>Address</u>	Type of Action
MGR	Robert Dandrea	3370 NE 190th Street, 713	
		Aventura, Florida 33180	■Remove
		<del></del>	☐ Change
MGR Tim Early	Tim Early	2104 Eastwood Road	□ Add
		Winona Lake, Indiana 46590	■Remove
AMBR Network Packaging Group. LLC		2180 North Pointe Drive	<b>=</b> Add
	Warsaw, Indiana 46582	□Remove	
		MChange	
		UAdd	
		□Remove	
		□Change	
			□Add
			□Remove
		□ Change	
			□Add
		··	□Remove
			( l( hange

From: Lexus Wingo

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