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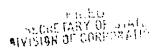
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Madison PEO of Florida, Inc. III						
DOCUMENT NUMBER: P14000057147						
. The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspo	ondence concerning this ma	tter to the following:	l			
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_	Licensing Department Name of Contact Person					
		rumo or contact i	Cison			
		Firm/ Compar				
	4	39 S. Charles G. Seiv				
_		Address				
		Clinton, TN 37716				
		City/ State and Zip	Code			
		licensing@appund	.com			
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
		at (86.	5 482-8196 ea Code & Daytime Telephone Number			
Name of	Contact Person	Are	ea Code & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida	Department of State:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		A D C 20	treet Address mendment Section ivision of Corporations lifton Building 561 Executive Center Circle allahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



2017 JAN 31 AM 10: 02

Madison PEO of Florida, Inc. III	
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P14000057147	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
INVO PEO, Inc. III	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREE	
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
	<u> </u>
	·
D. If amending the registered agent and/or registe new registered agent and/or the new registered	ered office address in Florida, enter the name of the loffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
	I am familiar with and accept the obligations of the position.
,	
	nature of New Registered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_ `	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Article eets, if necessary).	(Be specific)			
					
					
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The date of each amendment(s) adop	tion:	The value, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	BIVISIAN OF CORPORATIVE
Effective date if applicable:	(no more than 90 days after amendment file date)	2017 JAN 31 AM 10: 02
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amenient for approval.	dment(s)
	red by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareho	older
1/20/20 Dated		
Signature	wil m	
selected, b	tor, president or other officer – if directors or officers have no y an incorporator – if in the hands of a receiver, trustee, or oth fiduciary by that fiduciary)	
Wi	lliam Arowood	
	(Typed or printed name of person signing)	
Pre	sident	
	(Title of person signing)	