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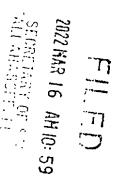
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ind Organizational Psycho	logy, Inc.	
DOCUMENT NUMBER:		<u> </u>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Christopher R. Barnhart			
	(Name of Contact Perso	on)	
Florida I/O Psychology, Inc.			
	(Firm/ Company)		·
2420 Silver Pointe Cir #303			
	(Address)		
Leesburg, FL 34748			
	(City/ State and Zip Cod	de)	
charnhart@cfiop.org			
E-mail address: (to be us	ed for future annual report	notificatio	n)
For further information concerning this matter, pleas	se call:		
Chris Barnhart	at	52	460-9213
(Name of Contact Perso	on) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif (Addi	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	Address dment Sect on of Corp Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FLORIDA INDUSTRIAL AND ORGANIZATIONAL PSYCHOLOGY, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) N220000000028 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc," "Company" or "Co," may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/AName of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and	d 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 <math>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.

Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Regina Martin	315 SW Jeanette Cir. Madison, FL 32340
Remove			
2) Change Add			
Remove  Change Add Remove			
4) Change Add			
Remove			****
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
NIA	t		

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The date of each amendment(s) adoption: March 7, 2022 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

]	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated March 27, 2022
	Signature Awstaphy A. By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Christopher R. Barnhart
	(Typed or printed name of person signing)
	President & Chairman of the Board of Directors
	(Title of person signing)