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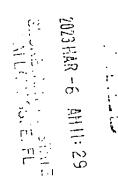
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Special Instructions to Filing Officer.
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: THE	LANCASTER (CACHING GROUP L	LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	HNAT	HARLES Name of Person	
	THE LANCAST	ER GACHING INST	TITOTE LIC
	P.O. Bo	0x 15864 Address	
	PLANT	ATION FL 3331 City/State and Zip Code	2023 HAR -6 AH II: 29 SECOTION AND SET FL TRALL AT ASSURE FL
For further information cor	E-mail address: (i	to be used for future annual report notif	ication)
H. NATHAN Name of F	S (I+ARLES	at (954) 471 - C	749 Tolephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co	ection rporations	Street Address: Registration Sec Division of Con The Centre of T	porations
P.O. Box 6327 Tallahassee, FI			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHING GROUP LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000533615</u> This amendment is submitted to amend the following:	y were filed on 12/21/20	22 and assigned
A. If amending name, enter the new name of the limited lia	hility company here:	
THE LANCASTER COACHING		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 15864 PLANTATION F	L 33318#
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		[7]
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	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.

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	Address	1	ype of Action
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				Remove
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e record rd is fil	d specifies a delayed ef led.	fective date, but no	ot an effective tir	ne, at 12:01 a.m. (on the earlier of: (I	o) The 90	th day aft	er the
	FEBRUAR	LY 27th	. 2023	<u></u> .				
Dated .			, O,	O				
Dated _.	FEBRUAR	St. Mat	ihan Ch	<u>as/87</u>	af a mamba-			
Dated _.		Signature of a	a member or autho	rized representative	of a member			

Filing Fee: \$25.00