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COVER LETTER

TO: Registration Section Division of Corpo			•
subject: <u>Во</u>	Lady Truck	KING LLC	
	J. Name V. Ziiii	out Discussy Company	
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Sycondi	a Collins Name of Person	
	Boss La	dy Trucking L	LC
	507 Alt	on Street Address	
	Avon Pa	IVK , FL 33825 City/State and Zip Code)
	Sycond E-mail address: (1	ra 20 yahoo. Con o be used for fusure annual report notifi	
For further information con-	cerning this matter, please ca	41:	
Sycondra	Collins	at (863) 873 -	9945
√ Name of Period	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec		Street Address: Registration Sec	
Division of Cor P.O. Box 6327	porations	Division of Corp The Centre of Ta	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boss Lady Trucking LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 10 03 2022 and assigned Florida document number <u>L22000425330</u> This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Dynasty Elife Transport LLC 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:	
(Principal office address MUST BE A STREET ADDRESS)	_
SECRET TO	_
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	_
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:	– terec
Name of New Registered Agent:	_
New Registered Office Address: Finter Florida street address	_
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 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 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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
		·	□Remove
			Change
			□Remove
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			□ Add
			□Remove
			□ Change

	
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(If an ei <u>Note:</u>	tive date, if other than the date of filing: Q Q Q Q (optional) fective 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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne reco ord is f	rd 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 iled.
Dated	November 10, 2022.
	Skilling
	Signature of a member or authorized representative of a member