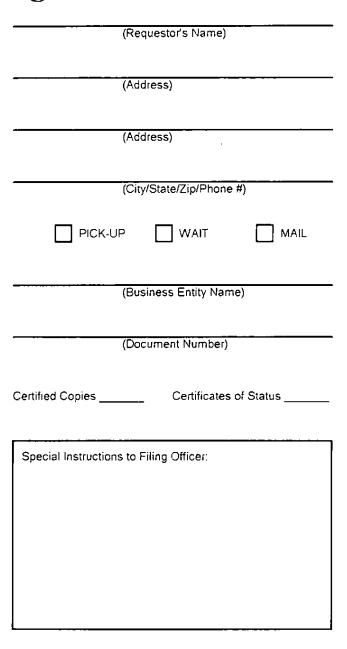
## L24 00000 4343



Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Pressure Ki	ingdom LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Josh Irving				
	Name of Person				
	Pressure Kingdom				
	Firm/Company				
	7113 46th Ct. E				
	Address				
	Ellenton, FL 34222				
		City/State and Zip Code			
	pressurekingdomllc@gmail	.com to be used for future annual report no	Nituation)		
For further information c	oncerning this matter, please c		Ameanony		
Josh Irving		941 799-1355 			
Name of Person at ()  Name of Person Area Code Daytime Telephone Numb		me Telephone Number			
Enclosed is a check for the	he 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 Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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>	<u>Name</u>	Address	Type of Action
MGR	Josh Irving	7113 46th Ct. E. Ellenton, FL 34222	<b>=</b> Add
			□Remove
AMBR	Nicholas Irving	6622 Rock Bridge Ln. Ellenton, FL 34222	<b>≣</b> Add
			□Remove
			□Change
			ITAdd
		<del></del> .	☐ Change
		<del> </del>	Пенюvе
			□Change
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			□Remove
			Change
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			□ Пепюче
			□Change