

43000133964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

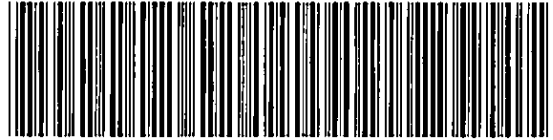
(Document Number)

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Rec. 7/28/24

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2024 JUL 23 11:03:22

FILED

103

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blade Contracting, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Shanahan

Name of Person

Blade Contracting, LLC

Firm/Company

409 Apollo Beach Blvd

Address

Apollo Beach, FL 33572

City/State and Zip Code

office@bladecontractingllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Shanahan

813 400-6515  
at ( )  
Area Code Daytime Telephone 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)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- \* \$35.00 check already submitted

RECEIVED

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

JUL - 9 2024

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

No 8  
7/9/24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

Blade Contracting, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2013 SEP 23 11:23 AM

The Articles of Organization for this Limited Liability Company were filed on September 23, 2013 and assigned  
Florida document number L13000133964.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeffrey E. Hargrove	409 APOLLO BEACH BLVD	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Hector Cumplido Baldo	409 APOLLO BEACH BLVD	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Ignacio G. Herrera	409 APOLLO BEACH BLVD	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Patrick W. Shanahan	409 APOLLO BEACH BLVD	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Parna Daeimodchi	409 APOLLO BEACH BLVD	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	James K. Muncy	409 APOLLO BEACH BLVD	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

[illegible]

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 25, 2024

Signature

Signature of a member or authorized representative of a member

James K. Muncy

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2024

PATRICK SHANAHAN  
409 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572

SUBJECT: BLADE CONTRACTING, LLC  
Ref. Number: L13000133964

We have received your document for BLADE CONTRACTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLOIRIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 924A00012845



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2024

PATRICK SHANAHAN  
409 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

SUBJECT: BLADE CONTRACTING, LLC  
Ref. Number: L13000133964

We have received your document for BLADE CONTRACTING, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester  
Regulatory Specialist II

Letter Number: 324A00015768