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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE



Dear State of Florida

Luminous Glass Distributors of Florida, LLC would like to amend its Articles of Organization.

Attached please find two resignation of managing members documents.

Please call me with any questions at 847 915 8604

Thank you.

Kristin Have

CEO

Luminous Glass Distributors of Florida, LLC

1140 NW 1594 Dr

Miani FL 33139

AUG 23 PH IZ: 7

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Luminous Glass Distibutors of Florida 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:
Krishn Hayes Name of Person
Luminous Glass Distributors
1140 NW 159th Dr Address
Manu Cardens FL 33138 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) b 21 16 70 MC Area Code Daytime Telephone Number 12 6 22 0
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Fursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Flo	orida Department	
of State is: Luminous Glass Distributors &	of Florida	LLC
2. The Florida document/registration number assigned to this limited liability com	pany is:	
LII 0000 82390		
3. The date this member/:nanager withdrew/resigned or will withdraw/resign is:		
4. I,		
Managine Member		
of this limited liability company and affirm the limited liability company has bee resignation in writing.	登場を	
Thomas m. o'Donnell	252 25 厂	
Signature of Dissociating Member or Resigning Manager	ED OF STATE EE, FLORID	
Filing Fee: \$25.00 (Required)	29 IDA	
Certified Copy: \$30.00 (Optional)		