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SEP 15 2009

EXAMINER



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COVER LETTER '

TO: Registration Section Division of Corporations
SUBJECT: MCINTOSH DESIGN, L.L.C. 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:
OLIN MCINTOSH BELSINGER, JR. Name of Person
McIntown DESIGN, L.L.C.
123 PALAFOX PLACE
PENSACUA FLORIDA 32502 City/State and Zip Code tosh. belsinger @ gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OLIN M. BELSI 14ER, JR. at (850) 776 2655 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \frac{1}{2}\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}

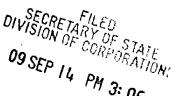
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Oi		SEP 14 DE STATION
MCTATOSH DESIGNATION (Name of the Limited Limi	y as It now appears on our rability Company)	. ************************************
The Articles of Organization for this Limited Liability Company Florida document number 26-3460774		ACL 18 Just and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
THE Mc Intout ComPany The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	123 Paux	or Place
(Principal office address MUST BE A STREET ADDRESS)	PENSALOLA	FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32502 123 Paral Prosacou 32502	ox Ages
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:		***
New Registered Office Address:	Enter Florid	a 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Actio
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Filing Fee: \$25.00