

A03000000499

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000022950 3)))



H130000229503ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6363

From: Account Name : OUTBACK STEAKHOUSE
 Account Number : 072731001665
 Phone : (813) 282-1225
 Fax Number : 813-387-8393

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2013 JAN 31 AM 8:30
 FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
CARRABBA'S/MONTGOMERY, LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

RECEIVED
 13 JAN 31 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help FEB 1 2013

FAX

To: FL SOS

Company:

Fax: (850)617-6383

Phone:

From:

Fax: (813)-387-8393

Phone: 1393

E-mail: karendavis@BloominBrands.com

NOTES:

FILED

2013 JAN 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARRABBA'S/MONTGOMERY, LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Karen Davis
Contact Person

Firm/Company

2202 N West Shore Blvd., 5th Floor
Address

Tampa, FL 33607
City, State and Zip Code

karendavis@Bloominbrands.com
E-mail address: (to be used for future annual report notification)

2013 JAN 31 AM 8:30
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA
 FILED

For further information concerning this matter, please call:

Karen Davis at (813) 282-1225
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
 \$61.25 Filing Fee and Certificate of Status
 \$105.00 Filing Fee and Certified Copy
 \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

CARRABBA'S/MONTGOMERY, LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 03/28/2003, assigned Florida document number A03000000499, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

New Mailing Address:
(May be post office box)

FILED
2013 JAN 31 AM 8:30
TALLAHASSEE FLORIDA

C. 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:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	RCF/MONTGOMERY, L.P.	636 GOOD SPRINGS RD BRENTWOOD TN 37027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Carrabba's Designated Partner, LLC	2202 N West Shore Blvd. 5th Floor Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

2013 JAN 31 AM 8:30
FILED

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

The term of the Partnership shall be perpetual, unless sooner terminated, liquidated and dissolved in accordance with the terms of the Partnership Agreement.

Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners:

(NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Joseph J. Kadow, Authorized Representative Carrabba's Italian Grill, GP

Joseph J. Kadow, Authorized Representative Carrabba's Designated Partner, LLC, GP

Signature(s) of all new or dissociating general partner(s), if any:

Robert C. Frey, GP ROBERT C. FREY, GP

FILED 2013 JAN 31 AM 08:30 TALLAHASSEE FLORIDA

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75