HOTOLOGO State

Division of Corpositions

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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: (850)205-0383

From:

Account Name : OUTBACK STEAKROUSE

Account Number : 072731001666

Phone : (813)282-1225

Fax Number : (813)281-2114

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

## FPS CALIFORNIA SERVICES, LTD

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

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## COVER LETTER

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SUBJECT: F	PS California Servic	ces, LTD			
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The enclosed (	Certificate of Amendment 2	and fee(s) are submitte	ed for filing.		
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OSI Resta	urant Partners, Inc.				
	(Firm/Company)	Address of the second of the s	•	Tir Birist Paragama 199 aya ili	
2202 N We	est Shore Blvd., 5th	Floor		,	
	(Address)	1	,	⊒** phi nt of see	
Tampa, FL	33607				
Tampa, i L	(City, State and Zip Code)			ret en en	
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Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314		
Tallahassec, Fl		I WITHTHOUSE	-1		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

FPS California Services, I	LTD
(Insert name currer	ntly on file with Florida Department of State)
FIRST: Amendment(s): (Indicate	information being amended, added, or deleted)
The name of the limited partner FPS California Services, Limite	
1 - 5 Callorna Services, Clinice	TEALUPISIUD TO
	<u></u>
	<u> </u>
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SECOND: Effective date, if other	than the data of filing: na
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the date this document is filed by the Florida
Signature(s) of a general partner(s) (*Note: If adding or deleting an effection partners must sign the amendment.)	*; to be a limited liability limited partnership statement, all general
Joseph J. Kadow Asecutive VP	1 Guevalant of
Os Prime ing/ general Far	ther
V	
Signature(s) of <u>new</u> or <u>dissociating</u>	general partner(s), if any:
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
	# • — — ·
Certificate of Status (optional):	\$8.75