

A070000000127

Florida Department of State
Division of Corporations
Public Access System

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.

((H08000094251 3)))



H080000942513ABCS

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) 617-6383

From:
Account Name : OUTBACK STEAKHOUSE
Account Number : 072731001666
Phone : (813) 282-1225
Fax Number : (813) 281-2114

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 11 AM 8:15

FP/LLP AMENDMENT/RESTATEMENT/CORRECTION

FPS CALIFORNIA SERVICES, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$113.75

J. BRYAN

APR 14 2008

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

RECEIVED

08 APR 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FPS CALIFORNIA SERVICES, 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:

Elyannah Hernandez
(Contact Person)
OSI Restaurant Partners, LLC
(Firm/Company)
2202 N West Shore Blvd., 5th Floor
(Address)
Tampa, FL 33607
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 11 AM 8:15

For further information concerning this matter, please call:

Elyannah Hernandez 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**

FPS CALIFORNIA SERVICES, LIMITED PARTNERSHIP

(Insert name currently on file with Florida Department of State)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 11 AM 8:15

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 1/30/2007, 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 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)

C. 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	Outback/Fleming's, LLC	2202 N West Shore Blvd 5th Fl Tampa, FL 33607	☒ Add ☒ Remove
GP	OS Prime, LLC #L07000062828	2202 N West Shore Blvd 5th Fl Tampa, FL 33607	☒ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 11 AM 8:15

D. 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.)

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

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.)

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


 A William Allen, III, Manager of
 DS/Fleming's, LLC (formerly
 known as Outback Fleming's, LLC)


 A William Allen, III, CEO & Manager of
 DS Restaurant Partners, LLC, Member
 of DS Prime, LLC

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 APR 11 AM 8:15