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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: OUTBACK STEAKHOUSE Account Name

Account Number: 072731001666

Phone

: (813)282-1225

Fax Number

: (813)281-2114

EP/ELLP AMENDMENT/RESTATEMENT/CORREC NISION CE

CHEESEBURGER-CONNECTICUT, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$113.75

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Corporate Filing Menu

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CERTIFICATE OF AMENDMENT TO

CERTIFICATE OF LIMITED PARTNERSHIP Cheeseburger-Connecticut, 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 10/01/2003 _, adopts the following certificate of amendment to its certificate of limited partnership. FIRST: Amendment(s): (Indicate information being amended, added, or deleted) The name of the limited partnership is being amended to the following: Blue Coral/Southwest, Limited Partnership The general partner of the limited partnership is being amended to the following Blue Coral Seafood and Spirits, LLC M05000003367 SECOND: 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(s)*: (*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general pariners must si n the amendment.) manager of Cheeseburger In Paradise, LLC w or dissociating general partner(s), if any: Signature(s) of manager of Police Coral Scatood and Spirite, LCC \$52.50 Filing Fee: \$52.50 Certified Copy (optional):

S8.75

Certificate of Status (optional):

COVER LETTER

TO:	Registration Division of	Section Corporations						
SUBJ	ECT: Chee	eseburger-Conn Florida Limited Partners						
The e	nclosed Certif	Ticate of Amendment	and fee(s) are sub	mitted for	filing.			
Please	return all cor	respondence concerni	ing this matter to:					
Aria	ne McQue	en						
		(Contact Person)		_				. 24
OSI	Restaura	nt Partners, Inc.						
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	(Name of Con	tact Person)		e and Daytin	ne Telephone l	Number)	ဆ	
Enclos	sed is a check	for the following amo	ount:					
\$52.5	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Co	ру Се	\$113.75 Pilin artified Copy, artificate of St	and		
STRE	ET ADDRES	SS:	MAIL	ING ADD	PRESS:			
Registration Section		Registration Section						
Division of Corporations		Division of Corporations						
Clifton Building		P. O. Box 6327						
	Executive Cer		Tallah	assee, FL	32314			
Tallah	assee, FL 32	301						