Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

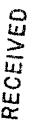
Account Name : OUTBACK STEAKHOUSE

Account Number: 072731001666 Phone

: (813)282-1225

Fax Number

: (813)281-2114





P AMENDMENT/RESTATEMENT/CORRECTION

CARRABBA'S/MIAMI BEACH, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1.
Page Count	05
Estimated Charge	\$113.75

Electronic Filing Menu Corporate Filing Menu

Help

M. Thomas APR 2 2 2008

Tallahassec, FL 32301

COVER LETTER

· TO: Registration Section	
Division of Corporations	
SUBJECT: Carrabba's/Miami Beach, i	imited Partnership
	tnership or Limited Liability Limited Partnership)
The enclosed Certificate of Amendment as	nd fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
•	
El <u>y Hernandez</u>	
(Contact Person)	
OSI Restaurant Partners, LLC	
(Firm/Company)	
• • • • • • • • • • • • • • • • • • • •	
2202 N West Shore Blvd., 5th Floor (Address)	
(1550)	
Tampa, FL 33607	
(City, State and Zip Code)	
Tool 6 of 1 for our	
For further information concerning this ma	tter, please call:
Ely Hernandez	at (813) 282-1225
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$52.50 Filing Fee \$61.25 Filing Fee	\$105.00 Filing Fee \$113.75 Filing Fcc,
and Certificate of	and Certified Copy Certified Copy, and
Status	Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327
ZOUT EXCERTIVE CERTEL CITCLE	Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Carrabba's/Miami Beach, Limited Par	tnership	
(Insert name currently on fil	e with Florida De	epartment of State)
limited partnership.	cate was filed	
This amendment is submitted to amend the following:		1000
A. If amending name, enter the new name of the li here:	mited partners	hip or limited liability limited partnership
(New name must be distinguishe	ble and contain	an acceptable suffix.)
Acceptable Limited Liability Limited Partnership suffixes: L. B. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	red office addr e address here:	ress on our records, enter the name of the
	(Ente	r Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered A	<u>gent:</u>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my page.	the proper and	complete performance of my duties, and I

(If Changing Registered Agent, Signature of New Registered Agent)

C.	If amending the general part	tner(s), <u>enter tl</u>	he name and	business add	dress of each	general partner	being
	<u>led or removed from our reco</u>						

	<u>Title</u>	Name	Address	Type of Action	
	GP	Carrabba's Italian Grillino	2002 N West Shore Blvd 5th FI Tampa, FL 33607	Add Remove	
	GP OM	Carrabba's Italian Grill, IC	2002 N West Shore Blvd (5th Fl Tampa, FL 33607	Remove	
		Add Remove			
				Add Remove	
				☐ Add Remove	À.
				_□ Add _ Remove	217
D. limi	If the limited paited paited partnership	artnership or limited Hability " status, enter change here:	limited partnership is amen	ding its "limited liability	7
	This Limited Pa	rtnership hereby elects to be a "	Limited Liability Limited Part	nership."	
		rtnership hereby removes its "L	ŕ	•	
(NO	TE: If adding or re	smoving" limited llability limited par	rtnership" status, all general partne	ers must sign this amendment.)
E. I	If amending any c	other information, enter change	(s) here: (Attach additional shee	ts, if necessary.)	
	····				
-					
		·			

Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days after the State.)	date this document is filed by the Florida Department of
	,
Signature(s) of a general partner or all general part	tners*:
(*NOTE: Only one current general partner is required to sign thi	is document unless the limited partnership is adding or
removing a "limited liability limited partnership" election stateme	ent. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liability limited partnership"	election statement.)
	Q
	
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Signature(s) of all new or dissociating general parti	ler(s), if any:
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	1
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	or extructed syndical element

\$52.50

\$52.50

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

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