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.

(((H080001151723)))



H080001151723ABCZ

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

08 APR 30 AH 10: 06

FILED SECRETARY OF STATE DIVISION OF CORPORATION

LP/LLLP 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

G. MCLEOD

MAY - 1 2008

4/29/2008

COVER LETTER

| | istration ision of (| Section Corporations | | | | |
|--|-------------------------|--|--------------------------|------------------------------|----------|--|
| SUBJECT | | ba's/Mlami Beach, me of Florida Limited Pa | | | | y Limited Partnership) |
| The enclose | ed Certifi | cate of Amendment a | nd fee(| s) are sub | mitted | for filing. |
| Please retur | n all cor | respondence concerni | ng this | matter to: | | |
| Ely Hernai | zebn | | | | | |
| | | (Contact Person) | | | | |
| OSI Resta | urant Pa | irtners, LLC | | | | |
| | | (Firm/Company) | | | - | |
| 2202 N We | est Shor | e Blvd., 5th Floor | · | | | |
| | | (Address) | | | - | |
| | 0000# | | | | | |
| Tampa, FL | | City, State and Zip Code) | | | - | |
| | C | City, State and Zip Code, | | | | |
| For further | informati | on concerning this m | atter, pl | ease cali: | | |
| Ely Hemar | idez | | a1 (| 813 |) 282 | -1225 |
| | | act Person) | | | and Da | aytime Telephone Number) |
| Enclosed is | a check t | for the following amo | unt: | | | |
| □\$ 52.50 Fili | ng Fee | \$61.25 Filing Fee and Certificate of Status | | 05.00 Filing Certified Co | | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STREET A | DDRES | S: | | MAIL | ING A | ADDRESS: |
| Registration Section | | | Registration Section | | | |
| Division of Corporations | | | Division of Corporations | | | |
| Clifton Building 2661 Executive Center Circle | | | P. O. Box 6327 | | | |
| 2661 Execut Tallabuscoo | | | | Tallah | assee, l | PL 32314 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Carrabba's/Miami Beach, Limited Pa | rtnership | • | | |
|---|---------------|---------------------------------|------------------------|------------------------|
| (Insert name currently on fi | le with Flori | da Department of State |) | <u> </u> |
| Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi 03/04/2004, adopts the following partnership. | cate was f | | a Department | of State on |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the linere: | imited par | mership or limited | iability limited | <u>partnership</u> |
| (New name must be distinguish | uble and co | ntnin an acceptable su | iffix.) | |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I | | | ip, L.L.L.P. or I.L | LP. |
| B. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent: | | | ords, <u>enter the</u> | name of the |
| New Registered Office Address: | | | | 8 IVISI |
| | | Enter Florida street . Flori | · | APR (|
| | (City) | | (Zip Code) | 7ARY OF CC |
| New Registered Agent's Signature, if changing | Registere | d Agent: | | OF STATE PREORATION |
| 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 po | the proper | and complete perfo | | |
| | (If Changing | ; Registered Agent, <u>Sign</u> | ature of New Regi | stered Agent) |

| C. | If | amending | the general | partner(s), | enter the | name and | business | address | of each | general | partner | being |
|------------|-----|-----------|---------------------|-------------|-----------|----------|----------|---------|---------|---------|---------|-------|
| <u>ade</u> | ied | or remove | <u>d from our i</u> | records: | | | | | | | | |

| <u>Title</u> | Name | Address | Type of Action |
|------------------|--------------------------|--|---------------------|
| <u>GP</u> | Miami Beach Ca | rabba, 1+d2202 N West Shore B Tampa, FL 33607 | lvd □ Add Remove |
| | | | ☐ Add Remove |
| - | | | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| limited partners | hip" status, enter chang | d liability limited partnership is an ge here: ts to be a "Limited Liability Limited I | - |
| | | • | |
| | • | oves its "Limited Liability Limited Particle Par | • |
| | _ | er chunge(s) here: (Attach additional: | - |
| | | | |
| | | *************************************** | |
| <u> </u> | | | |
| | | | |
| | | | |

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

| Effective date, if other than th (Effective date cannot be prior to no State.) | oc date of filing: or more than 90 days after the | date this document is filed by the Florida Department of |
|---|---|---|
| Signature(s) of a general par (*NOTE: Only one current general removing a "limited liability limited when adding or removing a "limited | l partner is required to sign this partnership" election stateme | s document unless the limited partnership is adding or nt. Chapter 620, F.S., requires all general partners to sign |
| | | |
| Signature(s) of all new of dis | ssociating general partn | er(s), if any: |
| Toggen & hadly the tist prostative and for memor of larrable anti-tell, opraka manger of larrable manger of larrable manger of larrable | ith ropor retrustiff () 20 Station of Cyrolopa's Ltd. | |
| # Carrobba's/1 Limited Partru | than iscaon, | |
| Filing Fee- | \$52.5B | |

\$52.50