

# A07000000150

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/12/10--01011--027 \*\*52.50

2010 JUL 12 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

JUL 13 2010

EXAMINER



2202 N. West Shore Blvd.  
5th Floor  
Tampa, FL 33607

813.282.1225

[www.csirestaurantpartners.com](http://www.csirestaurantpartners.com)

July 9, 2010

VIA US MAIL

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Certificate of Amendment

Dear Sir or Madam:

Enclosed is a Certificate of Amendment to Certificate of Limited Partnership for the following entities:

- FPS Connecticut Services, Limited Partnership
- OSIN Hawaii Services, Limited Partnership

Also enclosed are two checks in the amount of \$52.52 made payable to Florida Dept of State, for the filing fee of each entity.

Please place your state received stamp on the copy of this letter and return it in the pre-paid envelope provided.

If you should have any questions, or need any further information, please feel free to contact me at 813-282-1225.

Sincerely,

Karen Davis  
Legal Assistant

Enclosures

CC: Julie Skukalek



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OSIN Hawaii Services, Ltd  
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:

Karen Davis

Contact Person

OSI Restaurant Partners, LLC

Firm/Company

2202 N West Shore Blvd., 5th Floor

Address

Tampa, FL 33607

City, State and Zip Code

karendavis@outback.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Davis

Name of Contact Person

at ( 813 )

282-1225 x1393

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

OSIN Hawaii Services, Ltd

Insert name currently on file with Florida Department of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 01/31/2007, assigned Florida document number A07000000150, 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 mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. 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

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SECRETARY OF STATE  
FLORIDA

**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

**D. 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 STEAKHOUSE INTERNATIONAL, L.P.	2202 N West Shore Blvd. 5th Floor Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Outback Steakhouse of Florida, LLC LO 7080062818	2202 N West Shore Blvd. 5th Floor Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. 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.)**

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

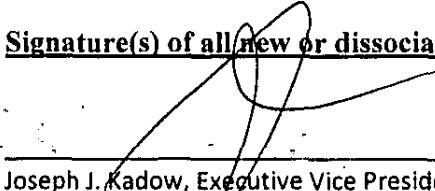
Effective date, if other than the date of filing: \_\_\_\_\_

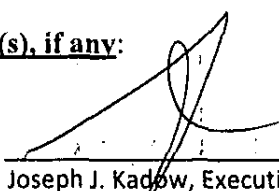
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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:**

  
\_\_\_\_\_  
Joseph J. Kadow, Executive Vice President  
OSI Restaurant Partners, LLC, Member  
of OSI International, LLC General Partner

  
\_\_\_\_\_  
Joseph J. Kadow, Executive Vice President  
OSI Restaurant Partners, LLC, Member  
of Outback Steakhouse of Florida, LLC

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

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TALLAHASSEE, FLORIDA