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Florida Department of State
Division of Corporations
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TO: SECRETARY OF STATE
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Division of Corporations
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Account Name : OUTBACK STEAKHOUSE
Account Number : 072731001666
Phone : (813) 282-1225
Fax Number : (813) 281-2114

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

CIP INDIANA SERVICES, LTD

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIP Indiana 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:

ariane mcqueen

(Contact Person)

OSI Restaurant Partners, Inc.

(Firm/Company)

2202 N West Shore Blvd., 5th Floor

(Address)

Tampa, FL 33607

(City, State and Zip Code)

For further information concerning this matter, please call:

Ariane McQueen

(Name of Contact Person)

at (813) 282-1225

(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**

CIP Indiana Services, LTD

(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 2/1/07, 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 to be changed to
CIP Indiana Services, Limited Partnership

SECOND: Effective date, if other than the date of filing: na

(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 partners must sign the amendment.)

Joseph J. Kadow, Executive VP & Secretary of
Os-Tropical, Inc., general Partner

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

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

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STATE
TALLAHASSEE, FLORIDA