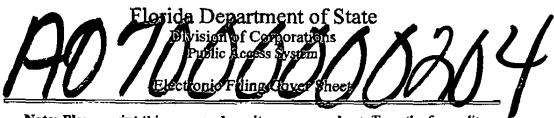
Division of Corporations



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.

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To: Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : OUTBACK STEAKHOUSE

Account Number : 072731001666 Phone : (813)282-1225 Fax Number : (813)281-2114

072731001666 (813)282-1225 (813)281-2114

RECEIVED

77 FEB -9 PH 1: 2
SECHETAIN AT STATE

ALAHASSETT STATE

# P/LLLP AMENDMENT/RESTATEMENT/CORRECTION

## CIGI NEW HAMPSHIRE SERVICES, LTD

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

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### **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT: CIG	l New Hampshire	e Services, LTD			
(Name o	of Florida Limited Partners	hip or Limited Liability Lin	nited Partnership)	•	_
The enclosed Certi	ficate of Amendment	and fee(s) are submitted	for filing.		
Please return all co	rrespondence concern	ing this matter to:			
ariane moque	en _			7.	_ %
	(Contact Person)	<del></del>		SEC	27
OSI Restaura	nt Partners, Inc.	,	!	AAA	FEB - 9
	(Firm/Company)	<u> </u>	- 1	AS AS	ا - ا
2202 N West	Shore Blvd., 5th	Floor		- <del>SE</del>	<b>.</b>
		er i ar i servica ir amedici		<u> </u>	<b>T</b>
Tampa, FL 33	607	i de la compositione de la compo	2. · · ·	STAT	ر ندند
	(City, State and Zip Code	)	•	₿wi c	Σ.
•					
For further informs	tion concerning this m	natter, please call:			
Ariane McQue	en	at ( 813 ) 28	32-1225		
(Name of Cor	itact Person)		Daytime Telephon	e Number)	-
Enclosed is a check	for the following amo	ount:	,		
52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fce and Certified Copy	S113.75 Fili Certified Copy Certificate of S	y, and	
STREET ADDRESS-		MAILING ADDRESS:			

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

£ 47 €

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CIGI New Hampshire Sei	vices, LTD	
(Insert name curre	ntly on file with Florida Departm	ent of State)
Pursuant to the provisions of secti- partnership or limited liability lim Florida Department of State on 2' certificate of amendment to its cer	ited partnership, whose cert	ificate was filed with the, adopts the following
FIRST: Amendment(s): (Indicate	e information being amende	d, added, or deleted)
The name of the limited partner	rship is to be changed to	
CIGI New Hampshire Services		
		Em.
to the state of the second of	<u> </u>	, C AR
	A Charles of the second	
		<u>ř</u> π≺
	2 2 2 2 2 2 2 2	
		<u> </u>
SECOND: Effective date, if other	than the date of filing: na	<u></u>
(Effective date cannot be prior to nor mot Department of State.)  Signature(s) of a general partner(s) (*Note: If adding or deleting an election partners must sign the amendment)	)*:	,
Joseph J. Kadov, Executive VP: See Ourraldon's Addian Grill, Inc., Gen		
Signature(s) of new or dissociating		·
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	