Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : OUTBACK STEAKHOUSE

Account Number : 072731001666

Phone

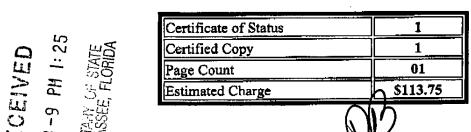
: (813)282-1225

Fax Number

: (813)281-2114

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

OSF NEW HAMPSHIRE SERVICES, LTD



iling Menu

Corporate Filing Menu

Help

COVER LETTER

| | TO: Registration S Division of Co | | | | | |
|---|--|--|--|--|----|--|
| | SUBJECT: OSF New Hampshire 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: | | | | | |
| CHARLES ENGLIS | arlane mcqueen | | | | | |
| | (Cambook Danson) | | | | | |
| · 考。 H. 《智·特·克鲁·森·马克· | OSI Restaurant Partners, Inc. | | | | | |
| | (Firm/Company) | | | | | |
| ing paman transport (page) Bentar abil a | 70 D | | | | | |
| | 2202 N West Shore Blvd., 5th Floor Control of the C | | | | | |
| The full of the second of the | (Address) to perform the general to the inferior content. | | | | | |
| | Tampa, FL 33607 | | | | | |
| | (C | ity, State and Zip Code) | <u> </u> | | 35 | |
| | , | | • | | > | |
| | For further information concerning this matter, please call: | | | | | |
| | Ariane McQueei | n | at (813) 28 | 2-1225 | | |
| | (Name of Contact Person) | | (Area Code and Daytime Telephone Number) | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | _ | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Certified Copy, as Certificate of Stat | nd | |
| | STREET ADDRESS: | | MAILING ADDRESS: | | | |
| | | | and the state of t | | | |

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

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| OSF New Hampshire Se | rvices, LTD | • |
|--|--|---|
| (Insert name curre | ontly on file with Florida Department of State | te) |
| Pursuant to the provisions of secti partnership or limited liability lim Florida Department of State on 2/ certificate of amendment to its cer | | Florida limited as filed with the dopts the following |
| FIRST: Amendment(s): (Indicate | e information being amended, added | , or deleted) |
| The name of the limited partne | rship is to be changed to : | - / |
| OSF New Hampshire Services | Limited Partnership | A.S. |
| | | |
| | | ±1m ² |
| And the second s | The participant of the second | S.A. |
| | State of the state | SS-X |
| ATTER A TOTAL CASE | | · Ma |
| | | |
| | | ऋस : |
| | | - 5 - 5 |
| SECOND: Effective date, if other | r than the date of filing: <u>na</u> | |
| Department of State.) Signature(s) of a general partner(s) | re than 90 days after the date this document *: to be a limited liability limited partnership | |
| | | |
| Deeph J. Kadow Shecutive up: Outbook Stockholse of Florida | Inc., general fourthan | |
| Signature(s) of new or dissociating | g general partner(s), if any: | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | |