

**A07000000207**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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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/LLP AMENDMENT/RESTATEMENT/CORRECTION****CIP NEW JERSEY SERVICES, LTD**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$113.75

2/15

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIP New Jersey 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 at ( 813 ) 282-1225  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                             |                                                                             |                                                                    |                                                                                                          |
|---------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input checked="" type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

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DIVISION OF CORPORATIONS  
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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**CIP New Jersey 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 02/01/07, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

Please amend the name to:

CIP New Jersey Services, Limited Partnership

**SECOND:** Effective date, if other than the date of filing: n/a

(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. Kadane, Executive VP, Secretary of  
OS Tropical, Inc.

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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