Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

From:

Account Name : OUTBACK STEAKHOUSE

Account Number : 072731001666 😂

Phone : (813)282-1225

Fax Number

: (813)281-2114

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

ROYS NEVADA SERVICES, LTD

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

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COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT: ROYS NEVADA 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:

| arlane mcque | en | | | |
|---------------------------------------|--|--|--|--|
| | (Contact Person) | - 11 v . | and the state of t | |
| OSI Restaura | nt Partners, Inc. | · · · · · · · · · · · · · · · · · · · | TALES SEC | |
| · · · · · · · · · · · · · · · · · · · | (Firm/Company) | | AR TE | |
| 2202 N West | | Floor | | |
| | (Address) (A) (M | The Control Control | * * * * * * * * * * * * * * * * * * * | |
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| For further informa | ation concerning this m | natter, please call: | | |
| Ariane McQue | en | at (813) 28 | 82-1225 | |
| (Name of Contact Person) | | | Daytime Telephone Number) | |
| Enclosed is a check | for the following amo | ount: | | |
| 352.50 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 ADDRE | SS: | MAILING ADDRESS: | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314 Soft Egger Lang 100 to go of the 2000 to

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

DOVE NEVADA SEDVICES LTD

| (Insert name current | LID atly on file with Florida Department of | 'State) | |
|--|---|---|--|
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 2/1 certificate of amendment to its certificate. | on 620.1202, Florida Statutes, the ted partnership, whose certificate /2007 | is Florida limited to was filed with the | ; ing |
| FIRST: Amendment(s): (Indicate | information being amended, ad | ded, or deleted) | |
| The name of the limited partner ROYS NEVADA SERVICES, LI | ship will change to: mited Partnership | | |
| e e e e e e e e e e e e e e e e e e e | A | 7 | The state of the s |
| | | - | |
| | N. 100 | - 19 - 19 - 19 | |
| SECOND: Effective date, if other | than the date of filing: na | <u> </u> | |
| (Effective date cannot be prior to nor more Department of State.) | e than 90 days after the date this docu | | rida |
| Signature(s) of a general partner(s) (*Note: If adding or detains on election to partners must sign the amendment.) | *; to be a limited liability limited partner | ship statement, all gene | ral |
| | | | |
| of DS Pacific, Inc. | * VP: Secretary | | _ |
| Signature(s) of new or dissociating | general partner(s), if any: | | i |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | | |