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To:

Division of Corporations

Fax Number

: (850)205<del>-</del>0383

From:

Account Name : OUTBACK STEAKHOUSE

Account Number : 072731001666 Phone

: (813)282-1225

Fax Number

: (813)281-2114

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

CIGI NEW YORK 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: CIG! NEW YORK 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 mcque	en				
	(Contact Person)			~	
OSI Restaura	nt Partners, Inc.		7091 7AL1	:	
	(Firm/Company)	,	FEB	- 1	
2202 N West	Shore Blvd., 5th	Floor	A PART OF THE PART		
	(Address)	ar ar a care to the		i i	
Tampa, FL 33	3607	American Services	OF S	- [	
(City, State and Zip Code) with		II: 06 STATE LORID			
•		CONT. I MA			
For further informa	tion concerning this n	atter, please call	:	٠.	
Ariane McQue	en	<sub>at (</sub> 813	282-1225		
(Name of Contact Person)		(Area Cod	de and Daytime Telephone Number	)	
Enclosed is a check	for the following amo	ount:			
_ ಎ52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filin and Certifled Co			
STREET ADDRE	EET ADDRESS: MAILING AI		LING ADDRESS:		
			stration Section		
		ion of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 32314			

Tallahassee, FL 32301

. ., .

## CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP OF

CIGI NEW YORK SERVI	CES, LTD		
(Insert name currer	ntly on file with Flo	orida Department of	State)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 2/1 certificate of amendment to its certificate.	ted partnership, /2007	whose certifica	
FIRST: Amendment(s): (Indicate	information be	ing amended, ad	ded, or deleted)
The name of the limited partner	shin will-chan	ne to:	•
CIGI NEW YORK SERVICES.	imited Partne	rshin	<del></del> ,
		<u> </u>	2 A
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			m <sub>o</sub> 1
			0 = 1
SECOND: Effective date, if other	than the date of	ffiling na	
(Effective date cannot be prior to nor mor Department of State.)		r the date this docu	ment is filed by the Florida
Signature(s) of a general partner(s)  (*Note: If adding or detering an election partners must sign the amendment.)	+: to be a limited liab 	ility limited partner	ship statement, all general
of Carrabbay Halian Gril			
Signature(s) of <u>new</u> or <u>dissociating</u>	general partner	r(s), if any:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		