Florida Department of State

Division of Corporations Public Access System

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To:

Fax Number

: (850)205-0383

From:

Account Name : OUTBACK STEAKHOUSE

Account Number : 072731001665

: (813)282-1225

Phone

Fax Number

: (813)281-2114

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

CIP NEW YORK SERVICES, LTD

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

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Corporate Filing Menu

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COVER LETTER

	TO: Registration Section Division of Corporations			
	SUBJECT: CIP 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:			
	arlane mcqueen			
	(Contact Person) OSI Restaurant Partners, Inc.			
• ,	(Firm/Company)			
ઇશ્રેલી સામ હતા.	(Firm/Company) 2202 N West Shore Blvd., 5th Floor (Address)			
ky kan menghermana nake ya Kanada sa	Tampa, FL 33607 (City, State and Zip Code)			
ж	(City, State and Zip Code)			
 I	For further information concerning this matter, please call:			
	Ariane McQueenat (813 282-1225			
	(Name of Contact Person) (Area Code and Daytime Telephone Number)			
	Enclosed is a check for the following amount:			
	C'EDWET ANDROS.			

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

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CERTIFICATE OF LIMITED PARTNERSE OF CIP NEW YORK SERVICES, LTD

(Insert	name currently on file with Florida Department of	of State)
partnership or limited lis Florida Department of S		
certificate of amendmen	t to its certificate of limited partnership.	
FIRST: Amendment(s)	: (Indicate information being amended, a	dded, or deleted)
The name of the Ilmite	ed partnership will change to:	
CIP NEW YORK SER	VICES, Limited Partnership	·
	The Martin State of the State o	
	The second secon	
	i	
		
······································		
SECOND: Effective da	ate, if other than the date of filing: na	
Effective date cannot be pric Department of State.)	or to nor more than 90 days after the date this doc	cument is filed by the Florida
Signature(s) of a general *Note: If adding or deleting artners must sign the amend	In election to be a limited liability limited partne	ership statement, all general
14		
topical, inc.	Sceculive UP): Secretary of	
Rignature(s) of <u>new</u> or <u>d</u>	lissociating general partner(s), if any:	·
Filing Ree:	\$52.50	

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75