Division of Corporations Public Access System

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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

CIP OKLAHOMA SERVICES, LTD

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CIP OKLAHOMA 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:

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	(Contact Person)		radio e estado en el en que en entre el	
OSI Restaura	int Partners, Inc.		10	
<u> </u>	(Firm/Company)		•	
2202 N West	Shore Blvd., 5th	Floor	عه معامي رمانت البهاب	grave and many last their state of the state
	(Address)	1		نهويونيه المستر والمسترك والمراز والمستنب
Tampa, FL 33	3607	e capacigo de partir	e e e e e e e e e e e e e e e e e e e	The state of the s
	(City, State and Zip Code	•)	•	•
For further informs Ariane McQue	ation concerning this n S en	natter, please call:	82-1225	
(Name of Co	ntact Person)		Daytime Telephone Num	nber)
	c for the following am		¥	
م من	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fe Certified Copy, and Certificate of Status	c ,
STREET ADDRE	SS:	MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CIP OKLAHOMA SERV	ICES, LTD			
(Insert name cur	rently on file with Plan	ida Department o	State)	
Pursuant to the provisions of sec partnership or limited liability lin Florida Department of State on 2 certificate of amendment to its co	mited partnership,	whose certifica	te was filed with the	ıg
FIRST: Amendment(s): (Indica	nte information bei	ng amended, ad	ded, or deleted)	
The name of the limited partn	ership will chang Limited Partner	e to:	<u> </u>	
			×	
	FOR STATE OF THE PARTY OF	- <u> </u>		—- <u>42, 19</u> 54.
	A SO NOW THAT I WAS IN A SECOND	- pri		_ ,
<u> </u>	<u></u>	<u>ي ديو و ديو و</u>		
The second secon	***************************************	<u> </u>		
(Effective date cannot be prior to nor n Department of State.) Signature(s) of a general partners (*Note: If adding or deleting in election partners must sign the amendment.)	(s)*:			
Joseph J. Kadow, Execution of OS Tropical, Inc.	ue VP: Secveta	ry		
Signature(s) of new or dissociation	ing general partner	(s), if any:		- - -
Filing Fee:	\$52.50			o ¤
Certified Copy (optional):	\$52.50			→ ≦∞

\$8.75

Certificate of Status (optional):