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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

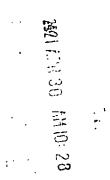


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COVER LETTER

TO:	Registration S Division of C				
	DT C	RLANDO FR	ANCHISE	= 1	P
SUBJ	1.0 1 .	ame of Foreign Limited Pr	_		
The er	nclosed amendi	ment and fee(s) are sub	omitted for filing	<u></u> .	
		espondence concerning			
1 (case	retarn an com	emportaettee eciteettiin;			
AN ³	TONIA S	CHOLZ		_	
		Contact Person			
СН	ENG CO	HEN LLC			
		Firm/Company		-	
363	W ERIE	ST, SUITE 5	00		
		Address		=	
CHI	CAGO, IL	60654		_	
	- (ity. State and Zip Code		-	
COI	RPORATE	E@CHENGCO	HEN.COM		
Е	-mail address: (to	be used for future annual r	eport notification)	-	
For fu	rther informati	on concerning this ma	tter, please call:		
AN ³	TONIA S	CHOLZ	_{at (} 312	, 24	3-1701 Sytime Telephone Number
	Name of Con	stact Person	Area Code	Da	ytime Telephone Number
Enclo	sed is a check t	or the following amou	int:		
\$51	2.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filin and Certified Cop	_	\$113.75 Filing Fee. Certified Copy, and Certificate of Status
	Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7		Regis Divisi The C 2415	t Address: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR #21 kFR 30 #M 10: 23

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limit the Florida Department of State is: RT ORLANDO FRANCHISE, L.P.	ed liability limited partnership as it appears o	n the records of
2. Document Number of Foreign Limited Partn 897000000315	ership or Limited Liability Limited Partnersh	ip: _
2. The jurisdiction of its formation is: DELAWARE	<u>: </u>	
3. The date the entity was authorized to transact	et business in Florida is: 6/19/1997	_
4. If the amendment changes the name of the I the new name:	imited partnership or limited liability limited	partnership, enter
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffix	nership, Limited, L.P., L.P., or Ltd. ses: Limited Liability Limited Partnership, L.L.L.P. o	or I.I.I.P.
(If name unavailable in Florida, enter alternate Florida.)	name adopted for the purpose of transacting	business in
5. If the amendment changes the general partners Name:	er(s), list the name and business address of ea Business Address:	ich general partner:
RUBY TUESDAY OPERATIONS LLC	216 EAST CHURCH AVENUE	■Add
	MARYVILLE, TN 37804	Remove Change
RT ORLANDO, INC.	333 EAST BROADWAY AVE	∏Add
	MARYVILLE, TN 37804	Remove Change
		Add Remove Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: PRINCIPAL AND MAILING ADDRESS:
216 EAST CHURCH AVENUE
MARYVILLE, TN 37804
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:
The entity elects to be a limited liability limited partnership.
The entity is no longer a limited liability limited partnership.
9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.
10. Effective date, if other than the date of filing:
Signature of a general partner:
Typed or printed name: SHAWN LEDERMAN, CEO
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75