

M16 0000 10268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

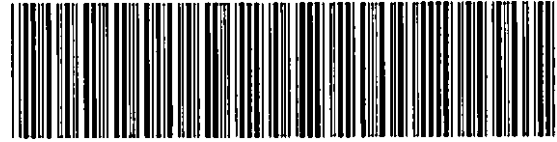
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



200420787152

2024 JAN 29 AM 10:00  
STATE  
SECRET FL

RECEIVED  
2024 JAN 30 PM 3:30  
ALLAHASSEE, FL 0204

R. HUNT  
01/30/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexis Weiland-Sorenson  
Ext: 61592  
Date: 01/30/24  
Order #: 1291889-2  
Re: Ruth's Chris Steak House Franchise, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
120000000195 Authorization:

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

STATE  
CORPORATION  
TALLAHASSEE, FL  
JAN 30 2024 AM 10:00

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

M16000010268

\_\_\_\_\_  
(Document number of corporation (if known))

1. RUTH'S CHRIS STEAK HOUSE FRANCHISE, LLC

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Louisiana

\_\_\_\_\_  
(Incorporated under laws of)

3. 1/1/2017

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)


8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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SECRETARY  
JAN 24 2017  
AM 10:00  
419

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Susan Mirdamadi		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager	Kristy Chipman		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager	Cheryl Henry	1000 Darden Center Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
Manager	Bradley Smith	1000 Darden Center Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

\_\_\_\_\_  
 Marcy Lynch  
 (Typed or printed name of person signing)

\_\_\_\_\_  
 Manager  
 (Title of person signing)

STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 JAN 10: 00

**FILING FEE \$35.00**