

**P09000093209**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : OUTBACK STEAKHOUSE  
Account Number : 072731001666  
Phone : (813) 282-1225  
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CIG NEBRASKA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

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2009 DEC -2 AM 8:00  
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December 1, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CIG NEBRASKA, INC.  
2202 N WEST SHORE BLVD.,  
5TH FLOOR-LEGAL DEPT  
TAMPA, FL 33607

SUBJECT: CIG NEBRASKA, INC.  
REF: P09000093209

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

ON PAGE 3 OF 3, THE WORDING ABOUT THE ADOPTION AND THE DATE OF ADOPTION IS NOT COMING OUT. MAYBE YOU SHOULD WRITE THIS INFO AT THE BOTTOM OF YOUR DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: H09000249342  
Letter Number: 109A00036815

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

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**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CIGI NEBRASKA, INC.

**DOCUMENT NUMBER:** P09000093209

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE SKUKALEK  
Name of Contact Person

OSI RESTAURANT PARTNERS, LLC  
Firm/ Company

2202 N WEST SHORE BLVD., 5TH FLOOR  
Address

TAMPA, FL 33607  
City/ State and Zip Code

JULIESKUKALEK@OUTBACK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE SKUKALEK at ( 813 ) 282-1225  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|--|---|--|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Articles of Amendment  
to  
Articles of Incorporation  
of

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CIG NEBRASKA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000093209

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

CIGI NEBRASKA, INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

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**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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Effective date if applicable: 11/12/09

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated November 30, 2009

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Joseph J. Kadow

(Typed or printed name of person signing)

Director

(Title of person signing)

The date of each amendment adoption: 11/12/09

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