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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ruth's Steakhouse	, Inc	
DOCUMENT NUM	P10000044799		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Betty L. Tomer		
		Name of Contact Person	1
		Firm/ Company	
	7409 Highway 301 South, St	uite 300	
		Address	
	Riverview, FL 33578		
		City/ State and Zip Cod	2
Eas further information	E-mail address: (to be used to be	sed for future annual report	notification)
Betty L. Tomer	in concerning tims matter, piea.	at (813	293-3103
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florida	Dept. of State)
P10000044799		
(Docume	ent Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida s s Articles of Incorporation:	Statutes, this <i>Florida Profit Corporat</i>	ion adopts the following amendment(
. If amending name, enter the new name of the cor	poration:	The new
ame must be distinguishable and contain the word	"corporation," "company," or "in	acorporated" or the abbreviation E
Corp.," "Inc.," or Co.," or the designation "Corp,"		orporation name must contain the
ord "chartered," "professional association," or the a	bbreviation "P.A."	원소 표
The second of th		771.
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI		
rincipal office address <u>MOST BE A STREET ADDI</u>	(LLSS)	<u> </u>
		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
. If amending the registered agent and/or registere new registered agent and/or the new registered o		e name of the
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registeredy the appointment as registered agent. I	(City) stered Agent:	(Zip Cod
Signa	ture of New Registered Agent, if chan	gino

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>v</u>	Thomas T. Tomer	7409 Highway 301 S, Ste 300
Add			Riverview, FL 33578
Remove			
2) Change	P	Betty L. Tomer	7409 Highway 301 S, Ste 300
x Add			Riverview, FL 33578
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			·
Add			·
Remove			
6) Change			
Add			
Remove			

	g or adding additional A itional sheets, if necessary,). (Be specific)			
	····				
					
	· ·		- <u></u>		
 -					
					
					
<u>.</u>	<u></u>				
provisions	dment provides for an ex for implementing the an applicable, indicate N/A)	nendment if not con	tion, or cancellation tained in the amend	of issued shares, ment itself:	
			- Al-Maria		

	August 16, 2016	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption, of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Octobe: Dated	4, 2016	
X Signature 🗘		
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Betty L. Tomer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	