Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845 corpinfo@state.sd.us

AMENDMENT TO CERTIFICATE OF DESIGNATION FOR SERIES

WITH QUALIFIED MASTER LLC
FOREIGN LIMITED LIABILITY COMPANY
SDCL 47-34A-706, 707

FILING FEE: \$50

Make check payable to SECRETARY OF STATE

The Limited Liability Company named below, adopts the following Certificate of Designation pursuant to SDCL 47-34A-707.

The ENTIRE form must be completed. Any exclusions may result in rejection without filing.

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1.	The Name and Business ID of the Series:					
	Name (Note: This must be the exact	t limited liability company name as re	gistered.)	Business ID		
2.	The NEW Name of the Series (this may be left blank if no changes are being made to the name):					
	Name (Note: This must include the FULL name of the Master LLC and applicable ending as defined in SDCL 47-34A).					
3.	The address of the principal executive office (business address).					
	Actual Street Address		City	State	ZIF	P+4
	Mailing Address, if Different from St	reet Address	City	State	ZIF	P+4
4.	If the LLC is manager-managed, list the names and addresses of its managers. If the LLC is member-managed, this section may be left blank.					
	OR check to indicate if the management of the Series will be the same as the management of the Master LLC.					
	Manager/Governor	Actual Street Address	City		State	ZIP+4
	Manager/Governor	Actual Street Address	City		State	ZIP+4
	Manager/Governor	Actual Street Address	City		State	ZIP+4
		by a member if the company in accordance with SDCL 47-		ompany or by a r	nanage	r if it's a
	o person may execute this rep enalty (SDCL 22-39-36).	oort knowing it is false in any n	naterial respect. Any viola	ation may be sul	oject to a	a criminal
Da	ated					
Signature of an authorized person						
Er	nail <u>(Optional)</u>		Printed Name			
	(-1/					
			Title			