

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

AMENDED STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$15 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

The undersigned Limited Liability Partnership hereby amends its statement of qualification under SDCL 48-7A.

1. The name of the limited liability partnership is _____

Note: This must be the exact name as on file.

2. If changing names, the new name is _____

The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name

3. The amendment to the statement of qualification is:

I declare under penalty of perjury that the contents of the above statement are accurate. Statement must be signed by at least two partners.

Dated _____

(Signature of a partner)

(Printed Name)

Dated _____

(Signature of a partner)

(Printed Name)