

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

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

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

FILING FEE: \$125 payable to SECRETARY OF STATE

| |
|-------------------|
| Telephone # _____ |
| FAX # _____ |

1. The name of the limited partnership is _____

Note: This must be the exact limited partnership name.

2. The amended limited partnership name is _____

The name shall contain without abbreviation the words "limited partnership".

3. The date of filing the certificate is _____

4. Please complete only if there is a change to any of the registered agent information.

The South Dakota Registered Agent name _____

| | | | |
|--|------|-------|-------|
| Street Address (Required to be a South Dakota Address) | City | State | ZIP+4 |
|--|------|-------|-------|

| | | | |
|--|------|-------|-------|
| Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4 |
|--|------|-------|-------|

| | |
|--|--|
| When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent. | |
|--|--|

5. Please state the amendment to the certificate.

6. The names and business address of any **new** general partner is

| | | | | |
|-----------------|----------------|------|-------|-------|
| General Partner | Street Address | City | State | ZIP+4 |
| General Partner | Street Address | City | State | ZIP+4 |
| General Partner | Street Address | City | State | ZIP+4 |

A certificate of amendment must be signed by at least one general partner and by each other general partner designated in the certificate as a new general partner.

Dated _____

(Signature of a general partner)

(Printed Name)

Dated _____

(Signature of a general partner)

(Printed Name)

Dated _____

(Signature of a general partner)

(Printed Name)