

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

# AMENDED STATEMENT OF QUALIFICATION OF A FOREIGN 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)