

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

APPLICATION FOR AMENDED REGISTRATION FOREIGN LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**
FILING FEE: \$125 payable to SECRETARY OF STATE

1. The Name and Business ID of the Limited Partnership is:

Name (Note: This must be the exact name as registered.)

Business ID

2. The amended name of the Limited Partnership and, if different, the name which it proposes to register and transact business in South Dakota.:

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

3. The name of the state or other jurisdiction under whose laws it is incorporated: _____

4. The date of filing the Certificate of Limited Partnership: _____

5. Please complete **ONLY** if there is a change to any of the registered agent information.

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: _____

Actual Street Address in this State

City

State

ZIP+4

Mailing Address in this State, if Different from Street Address

City

State

ZIP+4

Email Address (Optional)

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

Commercial Registered Agent Name

CRA#

(c) Title of the office or other position with the business: _____

Business Office's Actual Street Address in this State

City

State

ZIP+4

Mailing Address in this State, if Different from Street Address

City

State

ZIP+4

Email Address (Optional)

6. The amendment to the Certificate is:

7. The names and business addresses of any **NEW** general partner(s).

General Partner	Address	City	State	ZIP+4
General Partner	Address	City	State	ZIP+4
General Partner	Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

This statement must be executed by at least **one** general partner and by each additional general partner designated as a new general partner.

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name