

Secretary of State Office  
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Pierre, SD 57501  
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**AMENDMENT TO CERTIFICATE OF  
DESIGNATION FOR SERIES  
DOMESTIC LIMITED LIABILITY COMPANY**  
SDCL 47-34A-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.**

1. The Name and Business ID of the Series:

\_\_\_\_\_  
Name (Note: This must be the exact limited liability company name as registered.) 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 ZIP+4

\_\_\_\_\_  
Mailing Address, if Different from Street Address City State ZIP+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

The application must be signed by a member if the company is a member-managed company or by a manager if it's a manager managed company or in accordance with SDCL 47-34A.

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).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title