

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

CERTIFICATE OF AMENDMENT
DOMESTIC LIMITED PARTNERSHIP
SDCL 48-7-202

FILING FEE: \$125
Make check 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:

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

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

4. 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)

5. The amendment to the Certificate is:

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

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 (SDCL 48-7-204(2)).

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