

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

# APPLICATION FOR AMENDED REGISTRATION FOREIGN LIMITED PARTNERSHIP

**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 and, if different, the name which it proposes to register and transact business in South Dakota.:

\_\_\_\_\_  
*Note: The name shall contain the words "Limited Partnership" or the initials "L.P." or "LP".*

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