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

FILING FEE: \$125

Make check payable to SECRETARY OF STATE

	The Name and Business ID of the Limited Partnership							
Name (Note: This must be the exact name as registered.)			Business ID					
	The amended name of the Limited Partnership and, if different, the name which it proposes to register and transact business in South Dakota.:							
Ī	Note: The name shall contain the words "Limited Partnership" or the	initials "L.P." or "LP".						
-	The name of the state or other jurisdiction under whose laws it is incorporated:							
-	The date of filing the Certificate of Limited Partnership:							
. F	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:							
Ī	Actual Street Address in this State	City	State	ZIP+4				
	Actual Street Address in this State Mailing Address in this State, if Different from Street Address	City	State	ZIP+4				
N								
N	Mailing Address in this State, if Different from Street Address	City	State	ZIP+4				
<u> </u>	Mailing Address in this State, if Different from Street Address Email Address (Optional) (b) When listing a Commercial Registered Agent, plea	City	State	ZIP+4				
Ī	Mailing Address in this State, if Different from Street Address Email Address (Optional) (b) When listing a Commercial Registered Agent, plea Commercial Registered Agent.	City se state their CRA#. Th	State is number can be obta CRA#	ZIP+4 ined from the				
N (Mailing Address in this State, if Different from Street Address Email Address (Optional) (b) When listing a Commercial Registered Agent, plea Commercial Registered Agent. Commercial Registered Agent Name	City se state their CRA#. Th	State is number can be obta CRA#	ZIP+4 ined from the				

6.	The amendment to the C	ertificate is:			
7.	The names and business	addresses of any <u>NEW</u> gen	eral partner(s).		
	General Partner	Address	City	State	ZIP+4
	General Partner	Address	City	State	ZIP+4
	General Partner	Address	City	State	ZIP+4
Nia	norsen meu evecute this r	conart knowing it is folco in a	nu matarial rapport. Any violation m	av ba aubiaat ta	o oriminal
	nalty (SDCL 22-39-36).	eport knowing it is raise in a	ny material respect. Any violation ma	ay be subject to	a Criminai
		uted by at least one general	partner and by each additional gene	ral partner desig	nated as a
nev	w general partner.				
Da	ted				
Εm	nail		Signature of an authorized person		
	(Optional)		Printed Name		
Da	ted				
Da			Signature of an authorized person		
Em	nail (Optional)		Printed Name		
Da	ted		Signature of an authorized person		
Em	nail (Optional)		· 		
	(Optional)		Printed Name		