

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

**AMENDMENT CERTIFICATE OF
DESIGNATION FOR SERIES
WITH UNQUALIFIED MASTER LLC
FOREIGN LIMITED LIABILITY COMPANY**
SDCL 47-34A-706, 707

FILING FEE: \$50

Make check payable to SECRETARY OF STATE

Application must be accompanied by a one-page **Original Certificate of Existence** issued by the Secretary of State or other official having custody of the organizational records in the state or other jurisdiction under whose law it is organized.

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. If the name indicated above is not available in South Dakota, or does not include Limited Liability Company, Limited Company or the abbreviation L.L.C., LLC, L.C. or LC. (Limited may be abbreviated as Ltd. and company may be abbreviated as Co.), then what is the alternative name adopted:

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

5. The address of its principal office (this is the address of the executive offices of the company):

Street Address City State ZIP+4

Mailing Address if different from street address City State ZIP+4

Email Address (Optional)

6. The South Dakota Registered Agent's name:

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

(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# _____

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 _____