

Secretary of State Office  
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**AMENDED STATEMENT OF  
QUALIFICATION  
DOMESTIC LIMITED LIABILITY PARTNERSHIP**  
SDCL 48-7A-1001.1

**FILING FEE: \$15**

Make check payable to SECRETARY OF STATE

1. The Name and Business ID of the LLP is:

\_\_\_\_\_  
Name (Note: This must be the exact name as registered.)

\_\_\_\_\_  
Business ID

2. Date of filing the Statement of Qualification: \_\_\_\_\_

3. If changing names, the new name of the Limited Liability Partnership is:

\_\_\_\_\_  
*Note: The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name (SDCL 48-7A-1002)*

4. The amendment to the Statement of Qualification is:

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 two partners (SDCL 48-7A-105(c))

Dated \_\_\_\_\_

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

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

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

Dated \_\_\_\_\_

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

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

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