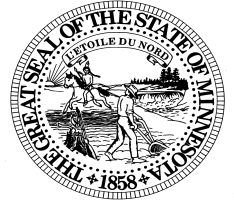


# Office of the Minnesota Secretary of State

Foreign Limited Partnership | Amendment to Certificate of Limited Partnership  
*Minnesota Statute 321*



Read the instructions before completing this form.

Filing Fee: \$70 for expedited service in-person and online filings, \$50 if submitted by mail

1. List the name of this Limited Partnership in its Home Jurisdiction: (Required)

2. List the Alternate Name used in Minnesota, if applicable:

The Certificate of Authority for this Limited Partnership is amended pursuant to Chapter 321.

**AMENDMENT Options: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.**

3. By filing this name change, the Limited Partnership certifies that the name change has been filed and recorded in the Limited Partnership's Home Jurisdiction. The Limited Partnership name is changed to:

4. Alternate Name to be used in Minnesota, if applicable: (This is only required if the limited partnership name is unavailable in Minnesota or an appropriate entity designation is not provided):

5. The Registered Agent Name is changed to:

6. The Registered Agent Address is changed to:

Street Address (A post office box by itself is not acceptable.)	City	MN State	Zip Code
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7. The Registered Agent Mailing Address is changed to:

Mailing Address	City	State	Zip Code
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8. The Principal Office Address is changed to:

Street Address (A post office box by itself is not acceptable.)	City	State	Zip Code
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9. The Principal Office Mailing Address is changed to:

Mailing Address	City	State	Zip Code
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10. The Limited Liability Limited Partnership Status Change if Applicable:

- This Partnership elects to be a Limited Liability Limited Partnership. (Name change required and must include Limited Liability Limited Partnership, LLLP, or L.L.L.P.)
- This Partnership deletes their statement to be a Limited Liability Limited Partnership. (Name change required and must include Limited Partnership, LP or L.P.)

11. General Partner's name, street, and mailing address change: (Attach additional sheet(s) if necessary):

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Name of General Partner

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Street Address (*A post office box by itself is not acceptable.*)      City      State      Zip Code

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Mailing Address      City      State      Zip Code

12. Signature of each general partner or by an authorized agent: (Required)

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

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Signature of each general partner or by an authorized agent

Date

### Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

- 
- Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

### List the name and daytime phone number of a person who can be contacted about this form:

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Contact Name

Phone Number

**Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.**

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes      No

## INSTRUCTIONS

File your business document online by visiting our website at [www.sos.mn.gov](http://www.sos.mn.gov).

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

1. List the exact name as filed in its Home Jurisdiction. (Required)
2. List the Alternate Name used in Minnesota, if applicable.

**Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.**

3. By filing this name change, the Limited Partnership certifies that the name change has been filed and recorded in the Limited Partnership's Home Jurisdiction. The name must include the words or abbreviations Limited Partnership, or L.P. Or in the case where the entity is changing its status to a Limited Liability Limited Partnership, the name must include the words or abbreviations Professional Limited Liability Limited Partnership, Limited Liability Limited Partnership, P.L.L.L.P., or L.L.L.P.
4. List the Alternate Name to be used in Minnesota, if applicable. (This is only required if the limited partnership name is unavailable in Minnesota or an appropriate entity designation is not provided.) The name must include the words or abbreviations Limited Partnership, or L.P. Or in the case where the entity is changing its status to a Limited Liability Limited Partnership, the name must include the words or abbreviations Professional Limited Liability Limited Partnership, Limited Liability Limited Partnership, P.L.L.L.P., or L.L.L.P.
5. If you are changing the Registered Agent, list the name of the Agent. The agent must be located at the registered office address.
6. If you are changing the Registered Agent's address, list complete street address in Minnesota. (A post office box by itself is not acceptable.)
7. If you are changing the Registered Agent's mailing address, list the new address.
8. If you are changing the Principal Office's address, list a complete street address in Minnesota. (A post office box by itself is not acceptable.)
9. If you are changing the Principal Office's mailing address, list the new address.
10. If you are changing the Limited Liability Limited Partnership status, choose the applicable change. (Name change also required.)
11. If you are changing the General Partner(s), list the name, street, and mailing address. Attach additional sheet(s) if necessary.
12. A signature of each General Partner or by an authorized agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of the person(s).) is required.

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Filing Fees: \$70 for expedited service in-person and online filings, \$50 if submitted by mail.**

**Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

**FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
First National Bank Building  
332 Minnesota Street, Suite N201  
Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.