Office of the Minnesota Secretary of State

Foreign Limited Liability Company | Amendment to Certificate of Authority

Minnesota Statutes, Chapter 322B

This form can only be used by entities governed under Chapter 322B.
Read the instructions before completing this form.
Filing Fee: $55 for expedited service in-person and online filings, $35 if submitted by mail

1. Name of Company in Home Jurisdiction: (Required)

2. Alternate Name used in Minnesota, if applicable:

The Certificate of Authority for this Limited Liability Company is amended pursuant to Chapter 322B.

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 company certifies that the name change has been filed and recorded in the company's home jurisdiction. Company name is changed to:

List the name currently filed in the home jurisdiction

4. Alternate Name to be used in Minnesota, if applicable:

This is only required if the company name is unavailable in Minnesota or an appropriate entity designation is not provided

5. The registered office address is changed to:

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

6. The registered agent is changed to:

7. List the date the expiration date has changed to in the jurisdiction of its organization, or list the word "perpetual"

mm/dd/yyyy or Perpetual

8. The principal place of business address has changed to:

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

9. The home address has changed to:

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

10. The articles of organization are otherwise amended as follows:

11. 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.

Signature of Authorized Person or 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 a name and daytime phone number of a person who can be contacted about this form:

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 ☐

Print Reset

INSTRUCTIONS

File your business document online by visiting our website at www.sos.state.mn.us.

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 entity name in the home jurisdiction on file with this office.
2. List the alternate name used in Minnesota, if any.

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

3. & 4. If you are changing your company name, list the name under which this Limited Liability Company will do business in Minnesota. Use the exact legal name in the jurisdiction of formation. If that name is not available in Minnesota or that name does not meet the legal requirements of Minnesota law, you must provide an alternate name to be used in Minnesota. The name must include the words or abbreviations Limited Liability Company, LLC, Professional Limited Liability Company or PLC and **cannot** contain the words "corporation" or "incorporated" or their abbreviations. A preliminary name availability check may be done by accessing our website at www.state.mn.us.

5. The registered office address must be a Minnesota address and must be completed with a street address or rural route and rural route box number, city, state and zip code. A P.O. Box is not acceptable.

6. A foreign limited liability company is required to have an registered agent. If you are changing the registered agent, list the full name of the agent who is located at the registered office address.

7. List an exact expriation date or the word "perpetual" for the organization's duration.

8. The principal place of business address must be a complete street address. A P.O. Box is not acceptable.

9. The home address must be a complete street address in the jurisdiction of formation, if required by home jursidiction. A P.O. Box is not acceptable.

10. Enter the complete text of the amended article using the language effective after the amendment has been filed. Note: If there is not enough space for your amendment, please attach additional pages.

11. A signature of a person authorized by the LLC to sign documents or 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 that person(s).) is required.

Email Address Ior 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.

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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
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(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.