Office of the Minnesota Secretary of State

Foreign Limited Partnership | Amendment to Certificate of Limited Partnership

Minnesota Statute 321



Read the instructions before completeing this form.

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1. List the name of this Limited Partnership in its Home Jurisdiction	on: (Required))	
2. List the Alternate Name used in Minnesota, if applicable:			
The Certificate of Authority for this Limited Partnership is an	nended pursi	uant to Chapte	r 321.
AMENDMENT Options: Complete as many amendment option changing the information related to that option.	ons as apply.	Complete an o	ption only if you are
3. By filing this name change, the Limited Partnership certifies th Limited Partnership's Home Jurisdiction. The Limited Partnership		•	filed and recorded in the
4. Alternate Name to be used in Minnesota, if applicable: (This is unavailable in Minnesota or an appropriate entity designation is	• •	-	artnership name is
5. The Registered Agent Name is changed to:			
6. The Registered Agent Address is changed to:			
	_	MN	
Street Address (A post office box by itself is not acceptable.)	City	State	Zip Code
7. The Registered Agent Mailing Address is changed to:			
Mailing Address	City	State	Zip Code
8. The Principal Office Address is changed to:			
Street Address (A post office box by itself is not acceptable.)	City	State	Zip Code
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 A	pplicable:								
This Partnership elects to be a Limited Liability Limited Partnership. (Name change required and must include Limited Liability Limited Partnership, LLLP, or 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: (A	Attach addition	al sheet(s) if no	ecessary):						
Name of General Partner									
Street Address (A post office box by itself is not acceptable.)	City	State	Zip Code						
Mailing Address	City	State	Zip Code						
person(s) whose signature would be required who has authorized capacities. I further certify that I have completed all required field correct and in compliance with the applicable chapter of Minneso am subject to the penalties of perjury as set forth in Section 609.4	ds, and that the ta Statutes. I u	information in inderstand that	this document is true and by signing this document I						
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	vard official no	otices required	by law and other notices:						
☐ Check here to have your email address excluded from requ	ests for bulk o	lata, to the exte	ent allowed by Minnesota law						
List the name and daytime phone number of a person who	can be contac	cted about thi	s form:						
Contact Name Pho	one Number								
Entities that own, lease, or have any financial interest in agregister with the MN Dept. of Agriculture's Corporate Far		nd or land cap	able of being farmed must						

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.

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.LP., 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.