# Office of the Minnesota Secretary of State

Foreign Limited Liability Company | Amendment to Certificate of Authority

Minnesota Statutes, Chapter 322C

THE STATE OF MANAGEMENT OF MAN

This form can only be used by entities governed under Chapter 322C.

Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

1. File Number:			
2. Name of Company in Home Jurisdiction: (Required)			
3. Alternate Name used in Minnesota, if applicable:			
List the name currently on file with our office.			
The Certificate of Authority for this Limited Liability Company is	amended pursuant	to Chapter 322C.	
AMENDMENT OPTIONS: Complete as many amendment op changing the information related to that option.	tions as apply. Co	mplete an option on	aly if you are
4. By filing this name change, the company certifies that the nam home jurisdiction. Company name is changed to:	e change has been f	iled and recorded in	the company's
List the name currently filed in the home jurisdiction			
5. Alternate Name to be used in Minnesota, if applicable:			
This is only required if the company name is unavailable in Minnesota o is amending an existing alternate name. Please list "None" if you are res			ovided, or the compar
6. The jurisdiction under the laws of which the limited liability co	mpany is governed	is changing to:	
(list jurisdiction of domicile)			
7. The registered office address is changed to:			
		MN	
Street Address (A post office box by itself is not acceptable)	City	State	Zip Code
8. The registered agent is changed to:			

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9.	The principal place of business address has changed to:			
	Street Address (A post office box by itself is not acceptable)	City	State	Zip Code
10.	The home office address has changed to:			
	Street Address (A post office box by itself is not acceptable)	City	State	Zip Code
	This information is only required if this Foreign firm wishes firm elects to operate and acknowledges that it is subject to Mini attach a statement to that effect and list the professional service 19, the organization is authorized to provide. Also include a state law conflicts or differs from those sections, the firm has made the documents controlling its structure, governance, operations and	nesota Statutes, under Minnesota ement that, to the necessary chainternal affairs s	Chapter 319B.01 a Statutes, Chapte e extent it's gener nges to the agreer o as to comply with	to 319B.12, you must r 319B.02, subdivision ally applicable governing ments and other th those sections.
12.	Check this box if this Foreign firm wishes to rescind its elec Minnesota Statutes 319B.01 to 319B.12 firm.	tion to operate a	is a professional o	rganization under
per cap cor	I, the undersigned, certify that I am signing this document as the rson(s) whose signature would be required who has authorized me pacities. I further certify that I have completed all required fields, rect and in compliance with the applicable chapter of Minnesota S subject to the penalties of perjury as set forth in Section 609.48 a	to sign this doc and that the info Statutes. I under	ument on his/her ormation in this do rstand that by sign	behalf, or in both ocument is true and hing this document I
Sig	nature of Authorized Person or Authorized Agent	Date		
	ail Address for Official Notices er an email address to which the Secretary of State can forward of	fficial notices red	quired by law and	other notices:
	Check here to have your email address excluded from requests for	or bulk data, to t	he extent allowed	by Minnesota law.
Lis	t a name and daytime phone number of a person who can be c	ontacted about	this form:	
Coı	ntact Name Phone Nu	ımber		
	tities that own, lease, or have any financial interest in agricultuister with the MN Dept. of Agriculture's Corporate Farm Pro		d capable of beir	ng farmed must
Do	es this entity own, lease, or have any financial interest in agricultus \( \sigma \) No \( \sigma \)	O	capable of being	farmed?

### **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 File Number provided by the Minnesota Secretary of State.
- 2. List the entity name in the home jurisdiction on file with this office.
- 3. 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.

- 4. If a name change has been filed and recorded in the company's home jurisdiction, list the exact legal name of the company.
- 5. If the name of the company in its home jurisdication is not available to be used in Minnesota or the name does not meet the legal requirements of Minnesota law, you must provide an alternate name to be used in Minnesota. An alternate name may be chosen even if the legal name complies with Minnesota law. 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 <a href="www.sos.mn.gov">www.sos.mn.gov</a>. Complete item 4 if you are changing the alternate name. Please list "None" if you are rescinding an alternate name.
- 6. If the jurisdication under the laws of which the LLC is governed is changing, insert the name of the new governing jurisdication here.
- 7. 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.
- 8. 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.
- 9. The principal place of business address must be a complete street address. A P.O. Box is not acceptable.
- 10. The home address must be a complete street address in the jurisdiction of formation, if required by home jurisdiction. A P.O. Box is not acceptable.
- 11. This information is only required if this Foreign firm wishes to elect to be a professional organization. You must include a statement that the foreign firm elects to operate and acknowledges that it is subject to *Minnesota Statutes*, Chapter 319B.01 to 319B.12, and list the professional service under *Minnesota Statutes*, Chapter 319B.02, subdivision 19, the organization is authorized to provide. Also include a statement that, to the extent it's generally applicable governing law conflicts or differs from those sections, the firm has made the necessary changes to the agreements and other documents controlling its structure, governance, operations and internal affairs so as to comply with those sections.
- 12. Place a check in the box if this Foreign firm wishes to rescind its election as a professional organization under *Minnesota Statutes* 319B.01 to 319B.12.
- 13.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 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.

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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.