Office of the Minnesota Secretary of State

Assumed Name | Amendment to Assumed Name

Minnesota Statutes, Chapter 333

Read the instructions before completing this form.

Filing Fee: $50 for expedited service in-person and online filings, $30 if submitted by mail

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

1. List the exact assumed name under which the business is or will be conducted: (Required)

2. Principal Place of Business: (Required)

Street Address (A PO Box by itself is not acceptable) | City | State | Zip

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address: (Required) Attach additional sheet(s) if necessary.

Name	Street	City	State	Zip

4. This certificate is an amendment of Certificate of Assumed Name File Number: _____

Originally filed on: _____

Under the name (list the previous name only if you are amending that name):

5. 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 (ONLY one person listed in #3 or an authorized agent is required to sign) | Date

Print Name and Title

Office of the Minnesota Secretary of State
Assumed Name | Amendment of Assumed Name
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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.

If any of the information on the most recently filed Certificate or Amended Certificate of Assumed Name changes, you must file this Amended Certificate within 60 days and publish after filing for two consecutive issues in the legal notices section of a qualified legal newspaper in the county where the principal place of business is located. The newspaper will return an affidavit of publication. A copy of the published notice should be kept by the assumed name holder with the Certificate of Assumed Name. Failure to publish may render the Certificate of Amended Assumed Name Invalid.

1. List the exact business name (new name if changing). Only one business name may be filed per form. Assumed names that duplicate corporate, limited partnership, limited liability partnership, limited liability company names or trademarks already on file cannot be accepted for filing. A preliminary name availability check may be done by accessing our website at www.sos.state.mn.us. Note: You may only use corporate or other business entity designations if the business owner is a corporation or other business entity already entitled to use that designation.
2. Provide a complete street address or rural route and rural route box number of the principal place of business. A Minnesota address is preferable whenever available, but an out of state address is acceptable. A post office box cannot be accepted as the address of the principal place of business.
3. List name and complete street address of all persons conducting business under the assumed name. If the business owner is a business organization such as a corporation, limited liability company, or limited partnership doing business under an assumed name, the legal name and registered office address is required.
4. List the original Certificate of Assumed Name number, the date on which the original was filed and, if you are changing the name in item 1, the original name.
5. A signature of one nameholder listed in #3 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. Include the date, printed name of the person signing, and the title of the signer.

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 Fee: $50 for expedited service in-person and online filings, $30 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
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.