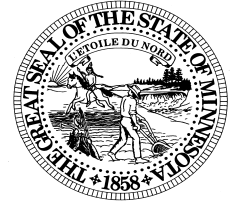


Office of the Minnesota Secretary of State

Minnesota 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 currently on file with the Office of the Minnesota Secretary of State: (Required)

The date of filing of its initial certificate: (Required) _____

2. The Certificate of Limited Partnership 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. The Limited Partnership name is changed to:

4. The Registered Agent Name is changed to: _____

5. The Registered Agent Address is changed to:

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

Mailing Address	City	State	Zip Code
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7. The Designated Office Address is changed to:

Street Address (<i>A post office box by itself is not acceptable.</i>)	City	MN State	Zip Code
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8. The Designated Office Mailing Address is changed to:

Mailing Address	City	State	Zip Code
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9. 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.)

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

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

11. The Certificate of Limited Partnership is otherwise amended as follows:

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.

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:

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.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 exact name as filed with this office. (Required)
2. Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.
3. If you are changing Limited Partnership's name, list the exact legal name for this Limited Partnership. 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. If you are changing the Registered Agent, list the name of the Agent. The agent must be located at the registered office address.
5. If you are changing the Registered Agent's address, list complete street address in Minnesota.
6. If you are changing the Registered Agent's mailing address, list the new address.
7. If you are changing the Designated Office's address, list a complete street address in Minnesota.
8. If you are changing the Designated Office's mailing address, list the new address.
9. If you are changing the Limited Liability Limited Partnership status, choose the applicable change. (Name change also required.)
10. If you are changing the General Partner(s), list the name, street, and mailing address. Attach additional sheet(s) if necessary.
11. Enter any additional amendments to the Certificate of Limited Partnership completely and by using the language which is to be in effect once the amendment is filed. If there is not enough space for your amendment, please attach additional pages.
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.