

# Assumed Name | Amendment to Assumed Name

Minnesota Statutes, Chapter 333



## Read the instructions before completing this form.

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.

**\*\*\* THIS IS NOT A COMMUNICATION FROM A STATE AGENCY. PARAGON IS A PRIVATE SERVICE COMPANY  
\*\*\* \*\* OFFERING BUSINESS FILING SERVICES FOR A FEE \*\*\***

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 a Mailing Address if you cannot receive mail at the principal place of business address:  
If you're removing the Mailing Address, you must list "NONE".

\_\_\_\_\_  
Street Address      City      State      Zip

4. 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. (A PO Box by itself is not acceptable)

\_\_\_\_\_  
Name      Street      City      State      Zip

\_\_\_\_\_  
Name      Street      City      State      Zip

\_\_\_\_\_  
Name      Street      City      State      Zip

5. This certificate is an amendment of Certificate of Assumed Name File Number: \_\_\_\_\_

Originally filed on: \_\_\_\_\_

Under the name (list the previous business name only if you are amending the business name on Line 1):  
\_\_\_\_\_

6. 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      Date  
A signature of one nameholder listed 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.

\_\_\_\_\_  
Print Name and Title

## Secretary of State - Minnesota

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*Minnesota Statutes, Chapter 333*

### 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:

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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:

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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

*AssumedNameAmendmentRev.11/19/2019*

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## INSTRUCTIONS

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 through Paragon Document Research Inc., for no fee. 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 a Mailing Address if you cannot receive mail at the principal place of business address.
4. 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. (A PO Box by itself is not acceptable).
5. 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.
6. A signature of one nameholder listed in #4 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. This information is not required.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Filing Fee: \$60 - includes statutory fee (\$30) and PDR processing fee (\$30).**

**\*Add an additional \$45 for expedited services filed in person with the Secretary of State.**

**Routinely filed documents require no additional fees.**

**Checks Payable to: Paragon Document, Research, Inc.**

Please call 651-222-6844 if additional forms are needed.

Please submit all items together and mail to the address below:

**MAIL TO:**  
Paragon Document Research  
PO Box 4627  
St. Paul, MN 55101

(Staffed 8:00 a.m. – 5 p.m., Monday - Friday, excluding holidays)  
Phone Lines: (8 a.m. - 5 p.m., M-F) Metro Area 651-222-6844; Greater MN 1-800-892-4235

All of the information on this form is public. Minnesota law requires certain information to be provided to process this type of filing. Failure to provide the requested information may prevent the approval or further processing of this filing. Paragon does not release your filing information to the general public or private entities for mailing solicitations

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