

Filing Fee \$50.00

**DOMESTIC  
LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**ARTICLES OF AMENDMENT  
BY LIQUIDATING TRUSTEES**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Liability Company)

Pursuant to [31 MRSA §623.5](#), the undersigned deliver(s) the following amendment to the articles of organization of limited liability company prior to cancellation:

The name and business, residence or mailing address of each liquidating trustee is:

**Name**

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and addresses of additional liquidating trustees are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

DATED \_\_\_\_\_

**Liquidating Trustee(s)\***

_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)

**For Liquidating Trustee(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

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\*Articles **MUST** be signed by:

- (1) all liquidating trustees **OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**