

Filing Fee \$90.00

(If amending ONLY Item FOURTH filing fee \$35.00)

**FOREIGN
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**AMENDED APPLICATION FOR
AUTHORITY TO DO BUSINESS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §715](#), the undersigned limited liability company executes and delivers the following Amended Application for Authority to do Business:

FIRST: The name of the limited liability company in its jurisdiction of organization has been changed to (If no change, so indicate.)

_____.

SECOND: If the real limited liability company name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

_____.

Form [MLLC-5](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability company** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §603-A](#).

THIRD: The nature of the business or purposes to be conducted or promoted in the State of Maine is (If no change, so indicate.) _____.

FOURTH: The **new** address of the registered or principal office, wherever located, is: (If no change, so indicate.)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

FIFTH: Other amendments to the application, if any, are set forth in Exhibit ___ attached hereto and made a part hereof.

DATED _____

Manager(s)/Member(s)*

(signature)

(type or print name and capacity)

For Manager(s)/Member(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

The limited liability company name as used in the State of Maine must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC" ([31 MRSA §603-A](#)). If the addition of these words is the **only** difference from the limited liability company's real name in its jurisdiction of organization, no further action is required.

*Certificate **MUST** be signed by:

- (1) at least one manager **OR**
- (2) at least one member if the limited liability company is managed by the members **OR**
- (3) 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**