

Filing Fee \$80.00

**DOMESTIC
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**RESTATED ARTICLES OF
ORGANIZATION OF
LIMITED LIABILITY COMPANY**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Name of Limited Liability Company
as it appears on the record of the Secretary of State)

Pursuant to [31 MRSA §623.6.](#), the undersigned adopt(s) the following restated articles of organization of limited liability company:

FIRST: The name of the limited liability company has been changed to (if no change, so indicate):

(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC" - [31 MRSA §603.1.A.](#))

SECOND: The date of filing of the initial articles of limited liability company: _____

The name under which it was originally filed:

THIRD: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

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

(mailing address if different from above)

FOURTH: Pursuant to [5 MRSA §108.3](#), the new commercial registered agent as listed above has consented to serve as the registered agent for this limited liability company.

FIFTH: The management of the limited liability company has been changed (if no change, so indicate _____).
If changed, "X" one box only.

- A. The management of the company is vested in a member or members.
- B. The management of the company is vested in a manager or managers. The minimum number shall be _____ managers and the maximum number shall be _____ managers.

SIXTH: Other provisions of these restated articles, if any, that the members determine to include are set forth in Exhibit _____ attached hereto and made a part hereof.

Manager(s)/Member(s)*

Dated: _____

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

(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)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Restated articles **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 form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov