

Filing Fee \$50.00

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

CERTIFICATE OF CORRECTION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Partnership)

Pursuant to [31 MRSA §824](#), the undersigned, a limited liability partnership registered under the laws of the State of Maine, executes and delivers for filing this certificate of correction:

FIRST: On _____ the Secretary of State filed a document delivered for filing by the undersigned limited liability
(date)

partnership entitled: _____
(i.e. Certificate of Limited Liability Partnership, Certificate of Amendment, etc.)

SECOND: Said document is an inaccurate record of the action therein referred to, or was defectively or erroneously executed, sealed or acknowledged.

THIRD: The inaccuracy or defect to be corrected is described as follows:

FOURTH: The portion of the said document to be corrected is corrected to read in its entirety as follows:

FIFTH: Said document as so corrected is effective as of the date of original filing set forth in Article FIRST, except as to those persons who are substantially and adversely affected by the correction, and as to those persons the corrected document shall be effective from the date this certificate of correction is filed by the Secretary of State.

DATED _____

Partner(s)*

(signature)

(type or print name and capacity)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

If this Certificate of Correction names a new registered agent, the following shall be completed by the registered agent **unless** this document is accompanied by Form [MLLP-18 \(31 MRSA §807.2\)](#).

The undersigned hereby accepts the appointment as registered agent for the above-named domestic limited liability partnership.

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by at least one **partner OR** by any duly authorized person ([31 MRSA §826.1.B or 2](#)).
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**