

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**APPLICATION FOR AMENDED
CERTIFICATE OF AUTHORITY
TO TRANACT BUSINESS**

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| <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> |
|--|

(Name of Limited Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §1412-A](#), the undersigned limited partnership executes and delivers the following Application for Amended Certificate of Authority to Transact Business in the State of Maine:

FIRST: Date of organization: _____

 Jurisdiction of organization: _____

 Date authorized to transact business in this State: _____

SECOND: The name* of the limited partnership in its jurisdiction of organization has been changed to: (If no change, so indicate.)

(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; see [31 MRSA §1308.1.A.2](#))

THIRD: If the real limited partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is:

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

A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §1415.1](#).

FOURTH: The name, street and mailing address of each **new** general partner is: (If no change, so indicate.)

| <u>Name</u> | <u>Address</u> |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names and addresses of additional new general partners are attached as Exhibit ____, and made a part hereof.

FIFTH: The name, street and mailing address of each **dissociated** person as a general partner is: (If no change, so indicate):

Name

Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names of additional dissociated persons as general partners are attached hereto as Exhibit ____, and made a part hereof.

SIXTH: If the street or mailing address of any general partner has changed, the new address is: (If no change, so indicate):

Name of current general partner

New Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names and new addresses of general partners are attached as Exhibit ____, and made a part hereof.

SEVENTH: If the name of any current general partner has changed, the new name is: (If no change, so indicate):

Name of current general partner

New name of current general partner

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Changes of name of any current general partners are attached as Exhibit ____, and made a part hereof.

EIGHTH: The **new** address of the foreign limited partnership's principal office is: (If no change, so indicate.)

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

(mailing address if different from above)

NINTH: The **new** address of the foreign limited partnership's required** office is: (If no change, so indicate.)

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

(mailing address if different from above)

TENTH: Other amendments to the application, if any, are set forth in and attached as Exhibit ____ and made a part hereof.

Dated _____

General Partner(s) ***

(signature)

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*The limited partnership name as used in the State of Maine must contain one of the following: "Limited Partnership", "L.P." or "LP" ([31 MRSA §1308.1.A.2](#)). If the addition of these words is the **only** difference from the limited partnership's real name in its jurisdiction of organization, no further action is required.

**Provided only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction.

***Application **MUST** be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#))

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