

Filing Fee \$80.00

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**RESTATED CERTIFICATE OF
LIMITED LIABILITY PARTNERSHIP**

<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 Partnership as it appears on the record of the Secretary of State)

Pursuant to [31 MRSA §823.6.](#), the undersigned adopt(s) the following restated certificate of limited liability partnership:

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

(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP"; [31 MRSA §803.1.A.](#))

SECOND: The date of filing of the initial certificate of limited liability partnership was _____

The name under which it was originally filed was:

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 registered agent as listed above has consented to serve as the registered agent for this limited liability partnership.

FIFTH: The name and business, residence or mailing address of the contact partner is:

Name

Address

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

Dated _____

Partner(s)*

(signature)

(type or print name and capacity)

(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)

Name of Entity _____

By _____
(authorized signature)

_____ (type or print name and capacity)

*Certificate **MUST** be signed by:

- (1) at least one **partner 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 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

