| | | Filing Fee \$50.00 - (If amending ONLY Item SECOND the filing fee is \$20.00.) |
|--|--|--|
| LIMIT | DOMESTIC ED LIABILITY PARTNERSHIP | |
| | STATE OF MAINE | |
| CERTIFICATE OF AMENDMENT | | Deputy Secretary of State |
| | | A True Copy When Attested By Signature |
| | Name of Limited Liability Partnership) | Deputy Secretary of State |
| Pursuant to 31 MRSA §823, the undersigned limited liability partnership executes and delivers for filing this certificate of amendment: 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-A) | | |
| SECOND: | COND: The name and or the business, residence or mailing address of the contact partner has been changed to (if no chase indicate) | |
| | Name | Address |
| THIRD: | Other amendments to the certificate, if any, that thereto and made a part hereof. | ne partners determine to adopt are set forth in Exhibit attached |

| DATED | |
|-----------------------------------|-----------------------------------|
| | |
| Partner(s)* | |
| | |
| (signature) | (type or print name and capacity) |
| | |
| For Partner(s) which are Entities | |
| Name of Entity | |
| Ву | |
| (authorized signature) | (type or print name and capacity) |
| | |

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.

^{*}Certificate **MUST** be signed by

⁽¹⁾ at least one partner OR

⁽²⁾ any duly authorized person.

Customer Contact Cover Letter

| Name of entity(s) on the submitted filings: | |
|---|--|
| Optional special handling request(s): (check only | v if applicable) |
| | required to pick up at our office in Augusta, Maine) |
| | |
| | s day) service: \$50 additional filing fee per entity |
| ☐ Immediate expedited filing (same busing) | ness day): \$100 additional filing fee per entity |
| NOTE: Only one expedite fee is required if filing n | nultiple documents for the <u>same entity/charter number</u> at the same time |
| Payment can be made by check or money order obtain a credit card voucher at https://www.maine.g | (payable to Maine Secretary of State) or by credit card. You may gov/sos/cec/forms/credit.pdf. |
| Total fee(s) | enclosed: \$ |
| (Name of contact person) | (Daytime telephone number) |
| (Contact email address for <u>this</u> filing) | (Email address to use for annual report reminders) |
| Name and address of person to return the attested | l copy of the completed filing: |
| (Name | e of attested copy recipient) |
| | (Firm or Company) |
| | (Mailing Address) |
| | (City, State & Zip) |

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330