

**Filing Fee \$50.00**

(If amending ONLY Items Tenth and/or Eleventh, Filing fee \$20.00)

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**CERTIFICATE OF AMENDMENT**

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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\_\_\_\_\_  
(Name of Limited Partnership)

Pursuant to [31 MRSA §1322](#), the undersigned limited partnership executes and delivers for filing this certificate of amendment:

**FIRST:** The date of filing of the limited partnership's initial certificate is \_\_\_\_\_.  
(date)

**SECOND:** The name of the limited partnership 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:** Check only one box, if applicable

The limited partnership **is** a limited liability limited partnership.  
(If checked, the name in Item Second must contain one of the following: "Limited Liability Limited Partnership", "L.L.L.P." or "LLL.P." and cannot contain the abbreviation of "L.P." or "LP"; see [31 MRSA §1308.1.A.3](#))

The limited partnership **is not** a limited liability limited partnership.  
(If checked, the name in Item Second must contain one of the following: "Limited Partnership", "L.P." or "LP"; see [31 MRSA §1308.1.A.2](#))

**FOURTH:** Check only if applicable

This is a professional limited liability limited partnership\*\* formed pursuant to [31 MRSA §1354.4](#) to provide the following professional services: (see [13 MRSA §723.7](#) for information on what constitutes professional services)

\_\_\_\_\_  
\_\_\_\_\_  
(type of professional services)

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

Name

Address

_____	_____
_____	_____
_____	_____

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

**SIXTH:** 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 person as a general partners are attached as Exhibit \_\_\_\_, and made a part hereof.

**SEVENTH:** The name, street and mailing address of the person as a general partner admitted under [31 MRSA §1391.3.B](#) following the dissociation of the limited partnership's last general partner:

\_\_\_\_\_

(name)

\_\_\_\_\_

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

\_\_\_\_\_

(mailing address if different from above)

**EIGHTH:** The name, street and mailing address of the person appointed to wind up the limited partnership's activities under [31 MRSA §1393.3 or 4](#):

\_\_\_\_\_

(name)

\_\_\_\_\_

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

\_\_\_\_\_

(mailing address if different from above)

**NINTH:** (Check only if applicable)

The limited partnership is dissolved. (See [31 MRSA §1393.2.A](#))

**TENTH:** If the street or mailing address of any current 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 current general partners are attached as Exhibit \_\_\_\_, and made a part hereof.

**ELEVENTH:** 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change of name of any current general partners are attached as Exhibit \_\_\_\_, and made a part hereof.

**TWELFTH:** Other amendments to the certificate for any other proper purpose as determined by the limited partnership are set forth in Exhibit \_\_\_\_ attached and made a part hereof.

**DATED** \_\_\_\_\_

**Authorized Signatories\***

\_\_\_\_\_

(signature)

\_\_\_\_\_

(type or print name)

\_\_\_\_\_

(signature)

\_\_\_\_\_

(type or print name)

\_\_\_\_\_

(signature)

\_\_\_\_\_

(type or print name)

**For Authorization Signatories\* 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)

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\*Certificate **MUST** be signed by:

- For **Item Second** by at least one **general partner** listed in the certificate. (31 MRSA §1324.1.E.1)
- For **Item Third** by ALL **general partners** listed in the certificate. (31 MRSA §1324.1.B)
- For **Item Fourth** by at least one **general partner** listed in the certificate. (31 MRSA §1324.1.E.1)
- For **Item Fifth** by at least one **general partner** listed in the certificate and by each person designated as a new general partner. (31 MRSA §1324.1.E.1 and 2)
- For **Item Sixth** by at least one **general partner** listed in the certificate and by each person dissociated as a general partner. (31 MRSA §1324.1.E.1 and 3)
- For **Item Seventh** by the person designated as a general partner following the dissociation of the limited partnership’s last general partner. (31 MRSA §1324.1.C)
- For **Item Eighth** by the person appointed to wind up the activities of the limited partnership. (31 MRSA §1324.1.D)
- For **Item Ninth** by ALL **general partners** listed in the certificate. (31 MRSA §1324.1.G)
- For **Item Tenth** by the general partner(s) affected by the change. (31 MRSA §1324.1.N)
- For **Item Eleventh** by the general partner(s) affected by the change. (31 MRSA §1324.1.N)
- For **Item Twelfth** by at least one **general partner** listed in the certificate. (31 MRSA §1324.1.J)

\*\*In addition to the requirements of Item Third to designate the limited partnership as a limited liability limited partnership, the name must contain one of the following: “professional,” “chartered,” “professional association” or “service” or the abbreviation “P.A.,” “PLLP,” P.L.L.L.P.,” or “S.L.L.L.P.”. **Examples** of professional services are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7.)

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](mailto:CEC.Corporations@Maine.gov)

# Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- Hold for pick up  
 Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)  
 Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person) (Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)