

FOREIGN  
LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

AMENDED APPLICATION FOR  
AUTHORITY TO DO BUSINESS

\_\_\_\_\_  
Deputy Secretary of State

A True Copy When Attested By Signature

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Liability Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §855](#), the undersigned limited liability partnership executes and delivers the following Amended Application for Authority to do Business:

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

\_\_\_\_\_.

**SECOND:** If the real limited liability 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 (If not applicable, so indicate.)

\_\_\_\_\_.

☐ Form [FICT-4](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §803-A](#).

**THIRD:** The nature of the business or purposes to be conducted or promoted in the State of Maine is (If no change, so indicate.) \_\_\_\_\_.

**FOURTH:** The **new** address of the registered or principal office, wherever located, is: (If no change, so indicate.)

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

\_\_\_\_\_  
(mailing address if different from above)

**FIFTH:** The name and or the business, residence or mailing address of the contact partner has been changed to: (If no change, so indicate.)

**Name**

**Address**

\_\_\_\_\_

\_\_\_\_\_

**SIXTH:** Other amendments to the application, if any, are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

**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)

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The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" ([31 MRSA §803-A](#)). If the addition of these words is the **only** difference from the limited liability partnership's real name in its jurisdiction of organization, no further action is required.

\*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 FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- ☐ Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- ☐ 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- ☐ Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

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

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Contact email address for this filing)

\_\_\_\_\_  
(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

\_\_\_\_\_  
(Name 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](mailto: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  
6 E. Chestnut Street, 5th Floor  
Augusta, ME 04330