Filing Fee \$50.00 **FOREIGN** LIMITED LIABILITY PARTNERSHIP STATE OF MAINE CERTIFICATE OF CORRECTION Deputy Secretary of State A True Copy When Attested By Signature Deputy Secretary of State (Name of Limited Liability Partnership) Pursuant to 31 MRSA §856, the undersigned, a limited liability partnership organized under the laws of the jurisdiction of _____, and authorized to do business in Maine, executes and delivers for filing this certificate of correction: the Secretary of State filed a document delivered for filing by the undersigned limited liability **FIRST:** partnership entitled: (i.e. Application for Authority to do Business, Assumed Name, etc.) **SECOND:** Said document is an inaccurate record of the action therein referred to, or was defectively or erroneously executed, sealed or acknowledged. THIRD: The inaccuracy or defect to be corrected is described as follows:

FOURTH: The portion of the said document to be corrected is corrected to read in its entirety as follows:

| FIFTH: | Said document as so corrected is effective as of the date of original filing set forth in Article FIRST, except as to those persons who are substantially and adversely affected by the correction, and as to those persons the corrected document shall be effective from the date this certificate of correction is filed by the Secretary of State. | | | | |
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| DATED | | | | | |
| Partner(s)* | | | | | |
| | (signature) | | (type or print name and capacity) | | |
| For Partner(s) | which are Entitie | s | | | |
| Name of Entity | | | | | |
| Ву | (authorized signa | ture) | (type or print name and capacity) | | |
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| | | | authorized person (31 MRSA §826.1.B or 2). or the penalties of false swearing under 17-A MRSA §453 | 3. | |
| Please remit you | r payment made p | payable to the Maine Secretary of Sta | ute. | | |
| Submit completed form to: Secretary of State Division of Corporations, UCC and Co 101 State House Station | | | and Commissions | | |

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: <u>CEC.Corporations@Maine.gov</u>

Customer Contact Cover Letter

| Name of entity(s) on the submitted filings: | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Optional special handling request(s): (check onl | ly if applicable) | | | | |
| Hold attested copy for pick up (will be | e required to pick up at our office in Augusta, Maine) | | | | |
| 24-hour expedited filing (next busines | ss day) service: \$50 additional filing fee per entity | | | | |
| Immediate expedited filing (same bus | iness day): \$100 additional filing fee per entity | | | | |
| NOTE: Only one expedite fee is required if filing i | multiple documents for the same entity/charter number at the same time | | | | |
| Payment can be made by check or money order obtain a credit card voucher at https://www.maine | r (payable to Maine Secretary of State) or by credit card. You may e.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 | d copy of the completed filing: | | | | |
| (Nam | ne 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 6 E. Chestnut Street, 5th Floor Augusta, ME 04330