

Filing Fee \$90.00

(If amending ONLY Items Sixth – Ninth Filing Fee \$35.00)

**FOREIGN  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS**

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

**A True Copy When Attested By Signature**

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

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

Pursuant to [31 MRSA §1412-A](#), the undersigned limited partnership executes and delivers the following Application for Amended Certificate of Authority to Transact Business in the State of Maine:

**FIRST:** Date of organization: \_\_\_\_\_  
Jurisdiction of organization: \_\_\_\_\_  
Date authorized to transact business in this State: \_\_\_\_\_

**SECOND:** The name\* of the limited partnership in its jurisdiction of organization 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:** If the real limited 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:  
\_\_\_\_\_  
☐ Form [FICT-4](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §1415.1](#).

**FOURTH:** 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.

**FIFTH:** 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 persons as general partners are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

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

**SEVENTH:** 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**

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

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

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

**EIGHTH:** The **new** address of the foreign limited partnership's principal office is: (If no change, so indicate.)

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

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

**NINTH:** The **new** address of the foreign limited partnership's required\*\* office is: (If no change, so indicate.)

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

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

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

**Dated** \_\_\_\_\_

**General Partner(s) \*\*\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*The limited partnership name as used in the State of Maine must contain one of the following: "Limited Partnership", "L.P." or "LP" ([31 MRSA §1308.1.A.2](#)). If the addition of these words is the **only** difference from the limited partnership's real name in its jurisdiction of organization, no further action is required.

\*\*Provided only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction.

\*\*\*Application **MUST** be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#))

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)

## 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/chapter 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