

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

(Name of Limited Partnership)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

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 "LLLP" 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)

*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

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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

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