

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

CERTIFICATE OF AMENDMENT

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Partnership)

Pursuant to [31 MRSA §823](#), the undersigned limited liability partnership executes and delivers for filing this certificate of amendment:

FIRST: The name of the limited liability partnership has been changed to (if no change, so indicate)

(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP"; [31 MRSA §803-A](#))

SECOND: 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

THIRD: Other amendments to the certificate, if any, that the partners determine to adopt 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)

*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**