

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

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership)

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 "LLLPP" 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.," "PLL.P.," "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