

**FOREIGN  
LIMITED LIABILITY PARTNERSHIP**

**STATE OF MAINE**

**AMENDED APPLICATION FOR  
AUTHORITY TO DO BUSINESS**

<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Deputy Secretary of State</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;"><b>A True Copy When Attested By Signature</b></p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Deputy Secretary of State</p>
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\_\_\_\_\_  
(Name of Limited Liability Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §855](#), the undersigned limited liability partnership executes and delivers the following Amended Application for Authority to do Business:

**FIRST:** The name of the limited liability partnership in its jurisdiction of organization has been changed to (If no change, so indicate.)

\_\_\_\_\_.

**SECOND:** If the real limited liability 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 (If not applicable, so indicate.)

\_\_\_\_\_.

Form [FICT-4](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §803-A](#).

**THIRD:** The nature of the business or purposes to be conducted or promoted in the State of Maine is (If no change, so indicate.)

\_\_\_\_\_.

**FOURTH:** The **new** address of the registered or principal office, wherever located, is: (If no change, so indicate.)

\_\_\_\_\_

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

\_\_\_\_\_

(mailing address if different from above)

**FIFTH:** 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**

\_\_\_\_\_

\_\_\_\_\_

**SIXTH:** Other amendments to the application, if any, 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)

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The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" ([31 MRSA §803-A](#)). If the addition of these words is the **only** difference from the limited liability partnership's real name in its jurisdiction of organization, no further action is required.

\*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**

## 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/charter 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