

**FOREIGN  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

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

<hr style="width: 20%; margin: auto;"/> Deputy Secretary of State
<hr style="width: 100%;"/> <p><b>A True Copy When Attested By Signature</b></p> <hr style="width: 20%; margin: auto;"/> 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 [MLPA-5](#) 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.)

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

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/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: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(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  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330