



0004842524

**STATE OF IDAHO***Office of the secretary of state, Lawerence Denney***AMENDMENT TO STATEMENT OF QUALIFICATION  
OF LIMITED LIABILITY PARTNERSHIP**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0004842524

Date Filed: 8/3/2022 5:12:13 PM

| Statement of Qualification of Limited Liability Partnership   |   |      |         |                  |   |
|---|---|------|---------|------------------|---|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  | Standard (filing fee \$30)                    |      |         |                  |   |
| The current name of the limited liability partnership is:   | Cutthroat Construction LLP                    |      |         |                  |   |
| The file number of this entity on the records of the Idaho Secretary of State is:   | 0004836708                                    |      |         |                  |   |
| The date the certificate of organization was originally filed:  | 2022-08-01 18:26:26.723                       |      |         |                  |   |
| Entity Type:  | Limited Liability Partnership                 |      |         |                  |   |
| Entity Subtype:   | Limited Liability Partnership                 |      |         |                  |   |
| Limited Liability Partnership Name  |   |      |         |                  |   |
| Entity name   | Cutthroat Construction LLP                    |      |         |                  |   |
| The complete street address of the principal office is amended to:  |   |      |         |                  |   |
| Principal Office Address  | 805 11TH AVE N<br>BUHL, ID 83316              |      |         |                  |   |
| The mailing address of the principal office is amended to:  |   |      |         |                  |   |
| Mailing Address   | 805 11TH AVE N<br>BUHL, ID 83316-1407         |      |         |                  |   |
| Partners  |   |      |         |                  |   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>+ Juan M Alvarez</td> <td>715 CENTER ST E<br/>#133<br/>KIMBERLY, ID 83341</td> </tr> </tbody> </table> |   | Name | Address | + Juan M Alvarez | 715 CENTER ST E<br>#133<br>KIMBERLY, ID 83341 |
| Name  | Address                                       |      |         |                  |   |
| + Juan M Alvarez  | 715 CENTER ST E<br>#133<br>KIMBERLY, ID 83341 |      |         |                  |   |
| Signature of Authorized Person:   |   |      |         |                  |   |
| <i>Juan Manuel Alvarez Lopez</i>  |   |      |         |                  |   |
| Sign Here   | 08/03/2022                                    |      |         |                  |   |
|   | Date  |      |         |                  |   |