



AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

(instructions on back of application)

Click here to clear form.

2016 JUN -6 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the partnership authority is:

R S Z ENTERPRISES

2. The date of which its statement of partnership authority was filed with the Idaho

Secretary of State was 06-20-2013 and its domestic state is: IDAHO

3. The statement of partnership authority is amended as follows: [check appropriate box(es)]

☒ a. The name of the partnership authority is amended to read:

R & S ENTERPRISE

☐ b. The name of each withdrawing partner is:

☐ c. The name and business address of each new partner is: (if more space is needed, continue in block e)

☐ d. The name(s) of partners added or removed for authorization to execute an instrument transferring real property held in the name of the partnership:

Add: _____

Remove: _____

☐ e. Other amendments (optional):

Signature of at least two (2) partners:

Signature X

Typed Name REMIGIO NAVARRO

Signature X

Typed Name SANTIAGO CORTES

Signature _____

Typed Name _____

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Secretary of State use only
IDAHO SECRETARY OF STATE

06/06/2016 05:00

CK:2432 CT:284526 BH:1531764
10 30.00 = 30.00 STMT AMEN #2

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