

L04 00 00 74856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

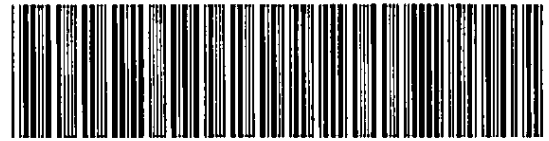
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUL 27 2020

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2020 JUL 27 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
SEP 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIMCORP USA LLC

Name of Filing Entity

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARET OWENS

Name of Person

FORNARO LAW

Firm/Company

1022 S LAGRANGE RD

Address

LAGRANGE, IL 60525

City/State and Zip Code

CORPORATE@FORNAROLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET OWENS

708 639-4320 X207
at () Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CIMCORP USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/15/2004 and assigned
Florida document number 1.04000074856.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

QINTESS USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Manila Coles Capital

400 Fifth Avenue, Floor 4

New York, NY 10018

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
City

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TALLAHASSEE, FL
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MIDAS MEDICI GROUP HOLDI	445 PARK AVE, 20TH FLOOR	<input type="checkbox"/> Add
		NEW YORK, NY 10022	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANK ASANTE-KISSI	400 Fifth Avenue, Floor 4	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

(~~When~~ effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 22 2020

Jointly

Signature of a member or authorized representative of a member

FRANK ASANTE-KISSI, CHIEF ADMIN OFFICER OF MIDAS MEDICI GROUP HOLDINGS, INC.

Typed or printed name of signee