P190000 79790

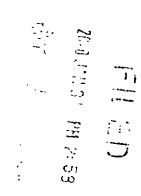
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	= #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BOCCARA HOLE	DING CORP	
DOCUMENT NUM	BER: P1900007970		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	VANESSA ELMALEH		
		Name of Contact Persor	1
	CILS INC		
		Firm/ Company	
	12550 BISCAYNE BLVD, S	SUITE 403	
		Address	
	NORTH MIAMI, FL 33181		
		City/ State and Zip Code	t e
	usavisa55@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea-	se call:	
VANESSA ELMALEH		at (538-0009
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

BOCCARA HOLDING CORP

(Name of	Corporation as current	tly filed with the Florida Dept. o	f State)		
P19000079790					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adop	ots the following	g amendment(s) to	
A. If amending name, enter the new name	me of the corporation:				
SACHA CAPITAL HOLDING CORP				The new	
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp," "Inc," or "Co".	A professional corporation nam	the abbreviatio e-must-contain	m "Corp.,"	
B. Enter new principal office address if	f annlicable:	NOT APPLICABLE	NOT APPLICABLE		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		ADDRESS REMAINS THE	ADDRESS REMAINS THE SAME		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOT APPLICABLE			
		ADDRESS REMAINS THE S	SAME		
			7	2020	
D. If amending the registered agent and new registered agent and/or the new			of the		
		GISTERED AGENT REMAINS	THE SAME		
Name of New Neglistered Figure			· · · · · · · · · · · · · · · · · · ·	T 25	
-	(Florida si	treet address)			
New Registered Office Address:		ı,	ئ Torida	ω	
New Registered Office states.	(City)		(Zip Code)		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			f the position.		
 	Signature of New	Registered Agent, if changing		-	
Check if applicable	ingnanie oj nen	noganerea ngom, y enanging			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change		NO CHANGES	
Add			
Remove			
2) Change		-	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ding additional Artic heets, if necessary).	(Be specific)			
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		- -			
					
f an amendment	provides for an exch	ange reclassificat	ion or cancellati	on of issued share) ¢
provisions for im	plementing the amer	inge, rectassinear	tained in the ame	endment itself:	221
(if not applica	ble, indicate N/A)				
	,				
		 			
					
			<u></u>		

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01/28/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/28/2020	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ion and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen by the shareholders was/were sufficient for approval.	i(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
01/28/2020	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not beer	
selected, by an incorporator 4 if in the hands of a receiver, trustee, or other con-	ırt
appointed fiduciary by that fiduciary)	
VANESSA ELMALEH, ESO.	
(Typed or printed name of person signing)	
REGISTERED AGENT/INCORPORATOR Reg. Age. V (Title of person signing)	
(Title of person signing)	