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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: HGNITE FASHION	S AND KICKS INC		
DOCUMENT N	UMBER: p23000078701			
	icles of Amendment and fee are su	bmitted for filing.		
Please return all o	correspondence concerning this ma	tter to the following:		
	ASHRAF JABER			
		Name of Contact Persor	1	
	IGNITE FASHIONS AND K	ICKS INC		2024 JAN 18 AM 9: 35
		Firm/ Company		
	1400 18TH AVE SOUTH			18
	Address			
	SAINT PETERSBURG FL 33705			SHOW I
City/ State and Zip Code				一 (mo) 中 (y
	asherrayan@yahoo.com			ा ज
		sed for future annual report	notitication)	
		•		
For further infor	nation concerning this matter, pleas	se call:		
ashraf jaber		727 at (5647666	
Name of Contact Person		at () Area Code & Daytime Telephone Number		mber
Enclosed is a che	eck for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing F	ee ☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 819	0

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

gnite fashions and kicks inc			
(Name of	Corporation as currentl	y filed with the Florida Dept. o	of State)
p23000078701			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new nam	ne of the corporation:		
			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con "chartered," "professional association," o	p," "Inc," or "Co". A	I professional corporation nan	the abbreviation "Corp.," me must contain word
B. Enter new principal office address, if applicable:		1400 18th ave south	<u> </u>
Principal office address MUST BE A STE	REET ADDRESS)	saint petersburg fl 33705	美 6 M
			SSE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1400 18th ave south	9: 35
		saint petersburg fl 33705	
If amending the registered agent and/or new registered agent and/or the new reg	registered office addressistered office address:	in Florida, enter the name of	<u>the</u>
Name of New Registered Agent	af jaber		
	hollow stump run		
	(Florida street	address)	
New Registered Office Address: palm			34221
The regularity office right ess.	(Ci	, Flor	
	(Ci.) <i>)</i>	(Zip Code)
w Registered Agent's Signature, if changi	ng Registered Agent:		
reby accept the appointment as registered t	agent. I am familiar with	and accept the obligations of th	e position.
,	Я		
	Astrol. Rab	Listered Agent, if changing	
	Signature of New Regis	tered Agent if changing	

Check if applicable

■ 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)

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.

Example: 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
1) Change	pres	JABER ASHRAP	4408 HOLLOW STUMP RUN
Add			PALMETTO FL 34221
2) Change	PRES	jaber adham	6803 75th ave aest
X Add Remove Change Add	vp	jaber akram	palmetto fl 34221 4408 hollow stump run 755 43 palmetto fl 34221
x Remove 4) Change	vp	hamad akram	4408 hollow stump run palmetto fl 34221
Remove 5) Change Add			
Remove 6)ChangeAdd	_		
Remove			

f amending or adding additional Articles, enter change(s) here: Muach additional sheets, if necessary), (Be specific)		
		
	-	
		
	~~~~	
	2024	
	ALL	4 ;22
	<u> </u>	3
	SSEE. FL	i
	m _i o	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
		•
	<u> </u>	•
		•

The date of each amendment(s) adop	01/11/2024 tion:	, if other than the
date this document was signed.		
01/11/2	024	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this tment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes east for the amendment for approval.	ent(s)
must be separately provided for each	ted by the shareholders through voting groups. The following statch voting group entitled to vote separately on the amendment(s): the amendment(s) was/were sufficient for approval	2024 JI
<u> </u>	(voting group)	N 18 AF
Dated <u>02/20</u>	7/2024 Jaber	AH 9: 31
Signature Ashyel	Saber	<b>三至3</b>
(By a direc selected, b	for, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other offiduciary by that fiduciary)	
asi	nraf jaber	
<del></del>	(Typed or printed name of person signing)	
reg	sistred agent	
_	(Title of person signing)	

Ignite Fashien and Kick's Inc