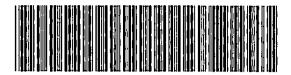
P21000056184

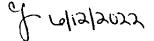
(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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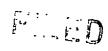
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	JAMIL PARIS INC			
DOCUMENT NUMBER: P21000056184					
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corre	spondence concerning this m	atter to the following:			
	LOVETTE DOBSON				
		Name of Contact Person	1		
		Firm/ Company			
	17350 STATE HWY 249 STE 220				
	Address				
	HOUSTON, TX 77064	City/ State and Zip Code			
		City/ State and Zip Code	•		
	EFILE1234@INCFILE.CO				
	E-mail address: (to be t	used for future annual report	notification)		
For further information	on concerning this matter, ple	ase call:			
LOVETTE DOBSON		at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	e payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



	JAMIL PARIS INC	2022 APR 25 AH 10: 01
(Name of Corpo	oration as currently filed with the Flori	ida Dept. of State)
	P21000056184	TALLIN ASSER TATE
(D	ocument Number of Corporation (if know	vn)
Jursuant to the provisions of section 607.1006, Flats Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of t	the corporation:	
ENNEAD LOGISTICS CORPORATION		The new
name must be distinguishable and contain the wor "Inc" or Co" or the designation "Corp," ' "chartered," "professional association," or the c	"Inc," or "Co". A professional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)	<u>E BOX</u>)	
D. If amending the registered agent and/or renew registered agent and/or the new regist		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: vent. I am familiar with and accept the o	bligations of the position.
	Signature of New Registered Agent, if ch	vanging
		• •

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
Add			-	
Remove				
6) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

ttach additional sheets, if necesso	l Articles, enter ary). (Be spec	ific)			
					
				<u>.</u>	
				 	
			· -		
			_		
					
					
		-		<u> </u>	
				···-	
<u>an amendment provides for a </u>	n exchange, rec	lassification, o	r cancellation (of issued shares,	L
provisions for implementing th (if not applicable, indicate N	<u>e amendment if</u> VA	not contained	in the amend	nent itself:	
(i) not applicable, indicate is	<i>(A)</i>				
 <u></u>					

The date of each amendment(s) adoption:	if other than the
Effective date if applicable: (no more than 90 days after amendment)	
(no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date 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 withou action was not required.	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approva	1
by	
(voting group)	
APRIL 20, 2022 Dated	
Camil Pair	
Signature	ers have not been
selected, by an incorporator - if in the hands of a receiver, tru	
appointed fiduciary by that fiduciary)	
JAMIL PARIS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	