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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Bradix Enterprise		
DOCUMENT NUMI			NAT
	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Benjamin Bravo		
,		Name of Contact Perso	n
		Firm/ Company	
	15029 sw 153 ct		
•	Missai Elevide 22100	Address	
,	Miami, Florida 33196	C:\(\frac{1}{2}\)\(\f	
		City/ State and Zip Cod	e
bbrav	003@fiu.edu		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Benjamin Bravo		at (<u>305</u>	_) 5288130
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment

	A.	_	
	te Articles of In	D Jeornoration	FILED
	Articles of the	f	10 il. m
			FILED PM W: 07
Bradix Enterprises, Inc		the Clad with the Marida T	STATE STATE
	Corporation as current	tly filed with the Florida L	Dept. of State) ASSEE, FLORIDA
13000094808			TALL
	(Document Number	of Corporation (if known)	
rsuant to the provisions of section 607.10 Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amendment(s
If amending name, enter the new nam	e of the corporation:		
Priority Carriers, Inc.			The new
ume must be distinguishable and contai Corp.," "Inc.," or Co.," or the designat ord "chartered," "professional association	ion "Corp," "Inc," or	"Co". A professional corp	orporated" or the abbreviation poration name must contain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		125 Palm Ave	
		Clewiston Fl	
		33440	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15029 sw 153 ct	
		Miami FL	
		33196	
If amonding the registered agent and		dress in Florida, enter the	name of the
new registered agent and/or the new	<u>registered office addres</u>	55:	
	Benjamin Brav		
new registered agent and/or the new		0	
new registered agent and/or the new	Benjamin Brav	0	
new registered agent and/or the new	Benjamin Brav	Ct.	Florida 33196

Signature of New Registered Agent, if changing

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	PT Jo	hn Doe	
X Remove	<u>У</u> <u>М</u>	ike Jones	
X Add	SV Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) X Change	P	Benjamin Bravo	15029 sw 153 Ct
Add			Miami, FL
Remove			33196
2) Change	P	Colin Dixon	15325 sw 89 Ave
Add			Miami, FL
X Remove			33157
3) Change	· VP	Cindy Jurado	28900 sw 164 Ave
X Add			Homestead, FL
Remove			33033
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u></u>		
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(He specific)	
		·
an amendment proyides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:	
		
		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
9/16	5/15	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u></u>
,		
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	
9,	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
9/16/15 Dated		
Signature		
By a c	lirector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Benjamin Bravo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	