

**L10000105277**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

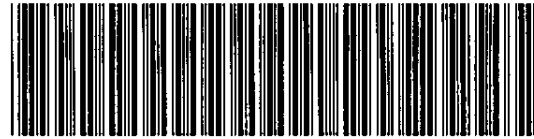
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800292129508**

12/19/16--01041--026 \*\*825.00

**FILED**  
2016 DEC 19 P 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
**DEC 20 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brickell Asset Management X, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael Hornstein

Name of Person

Brickell Asset Management, LLC

Firm/Company

100 Southeast Second Street, Suite 3350

Address

Miami, Florida 33131

City/State and Zip Code

mhornstein@brickellam.com

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

For further information concerning this matter, please call:

Mike Hornstein

305 995-5334

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 19 P 2:46

FILED

## Page 1 of 3

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	Francis A. Anania	100 SE Second Street, Suite 3350	<input checked="" type="checkbox"/> Add
		Miami Florida, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony La Forgia	100 SE Second Street, Suite 3350	<input checked="" type="checkbox"/> Add
		Miami Florida	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Francis A. Anania	100 SE Second Street, Suite 3350	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Anthony La Forgia	100 SE Second Street, Suite 3350	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2018 DEC 18 PM 2:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 19 P 2:46

FILED  
2016 DEC 19 P 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 15 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee