

L980 00000905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAILING

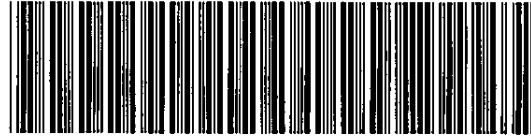
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000261633600

07/08/14--01019--001 **438.75

14 JUL -8 PM 2:42
2014 JUL 14 14:42
2014 JUL 14 14:42



July 7, 2014

VIA FED EX

Florida Department of State
Division of Corporations -Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amended Annual Reports and Certified copy- Limited Liability Companies

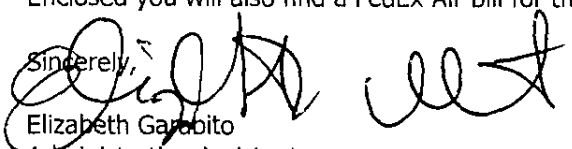
Dear Sir or Madam:

Below please find the cover letters and completed forms of the Articles of Amendment to Articles of Organizations for the following entities:

Name of Limited Liability Company	FL Doc #	Request	Fee
Alhambra Collections, LLC	L14000038317	Amend	\$ 25.00
Alhambra Argentina Collections, LLC	L14000038326	Amend	\$ 25.00
Argentina Basic Networks, LLC	L11000044284	Amend	\$ 25.00
Argentina Channels Distribution, LLC	L10000069523	Amend	\$ 25.00
Argentina Premium Networks, LLC	L11000044280	Amend	\$ 25.00
Brasil Advertising, LLC	L12000090031	Amend	\$ 25.00
Brasil Content, LLC	L12000089790	Amend	\$ 25.00
Brasil Productions, LLC	L12000089807	Amend	\$ 25.00
Brasil Programming, LLC	L12000089830	Amend	\$ 25.00
DMS Argentina, LLC	L14000027633	Amend	\$ 25.00
Empresa Argentina Generadora y Comercializadora de Senales, LLC	L10000070411	Amend	\$ 25.00
HBO Ole Acquisitions, LLC	L04000018582	Amend	\$ 25.00
HBO Latin America Production Services, LC	L98000000905	Amend	\$ 25.00
International Services and Company, LLC	L04000064034	Amend and Certified copy 2014- Certified Copy of 2012- Annual Report	\$ 63.75
Mexico Advertising, LLC	L13000105529	Amend	\$ 25.00
Southern Cone Networks, LLC	L110000437565	Amend	\$ 25.00
Total	Check # 204		438.75

Enclosed you will also find a FedEx Air bill for the certified copies to be returned to our offices.

Sincerely,


Elizabeth Garibito
Administrative Assistant
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBO Latin America Production Services, L.C.
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:

Lin Cherry

Name of Person

HBO Latin America Group

Firm/Company

396 Alhambra Circle, Suite 400

Address

Coral Gables, FL 33134

City/State and Zip Code

lcherry@hbo-la.com

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

For further information concerning this matter, please call:

Vanessa Travieso

Name of Person

at (305) 648-8117

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HBO Latin America Production Services, L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 29, 1998 and assigned
Florida document number L98000000905.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
SVP & SEC	Lin Cherry	396 Alhambra Circle	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

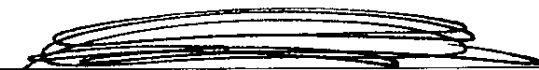
16 JUL - 8 PM 2012

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 1, 2014



Signature of a member or authorized representative of a member
Lin Cherry

Typed or printed name of signee