

L10000069523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

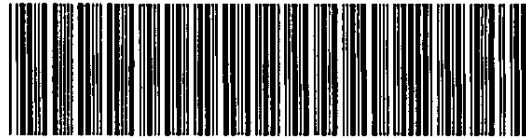
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 26 2013

D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Argentina Channels Distribution, 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:

**Janet C. Vazquez**

Name of Person

**HBO Latin America**

Firm/Company

**396 Alhambra Circle, Suite 400**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**jvazquez@hbo-la.com**

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

For further information concerning this matter, please call:

**Janet C. Vazquez**

Name of Person

at **305 648-8118**

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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

Argentina Channels Distribution, LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Asst. Secretary	Roberto P. Hernandez	396 Alhambra Circle, Suite 400	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 PALM BEACH COUNTY  
 FLORIDA

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

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Dated April 23, 2013

  
Jose Sariego

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2018 APR 26 PM 12:41  
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TALLAHASSEE FLORIDA