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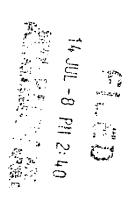
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VIA FED EX

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:

TibiDoe#	New Requests	1.000
L14000038317	Amend	\$ 25.00
L14000038326	Amend	\$ 25.00
L11000044284	Amend	\$ 25.00
L10000069523	Amend	\$ 25.00
L11000044280	Amend	\$ 25.00
L12000090031	Amend	\$ 25.00
L12000089790	Amend **	\$ 25.00
L12000089807	Amend	\$ 25.00
L12000089830	Amend	\$ 25,00
L14000027633	Amend	\$ 25.00
L10000070411	Amend	\$ 25.00
		`
L04000018582	Amend	\$ 25.00
L98000000905	'Amend'	\$ 25.00
L04000064034		\$ 63.75
		\$ 25.00
L13000105529		*
1,110000437565	Amend	\$ 25.00
	L1400038317 L14000038326 L11000044284 L10000069523 L11000044280 L12000090031 L12000089790 L12000089807 L12000089830 L14000027633 L10000070411 L0400018582 L98000000905 L04000064034	L12000089790 Amend L12000089807 Amend L12000089830 Amend L14000027633 Amend L10000070411 Amend L04000018582 Amend L98000000905 Amend L04000064034 Amend and Certified copy 2014- Certified Copy of 2012- Annual Report Amend L13000105529

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

Elizabeth Garabito

Administrative Assistant

Enclosures

COVER LETTER

	Registration Section Division of Corpor				
SUBJEC	Brasil	Programmin	ig, LLC		
SUBJEC			ted Liability Company		_
The enclo	osed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please ret	urn all corresponde	ence concerning this matter t	o the following:		
		Lin Cherry			
			Name of Person		
		HBO Latin A	America Gro	oup	
			Firm/Company		··········
		396 Alhamb	ora Circle, S	Suite 400	
			Address		
		Coral Gable	es, FL 3313	4	
			City/State and Zip Code	. ·	
	•	Icherry@hbo-la.c	OM o be used for future annual rep	ort notification)	
For furth	er information cond	eerning this matter, please ca	•	,	
		•		0.0447	
van	iessa Tr		_{at (} 305 ₎ 64	8-8117	
	Name of Pe	erson	Area Code	Daytime Telephone Nu	mber
Enclosed	is a check for the f	ollowing amount:			
⑤ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Cert	00 Filing Fee, ificate of Status & ified Copy tional 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

Brasii Programming, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Companies Florida document number L12000089830 .	ny were filed on July 10, 2012	and assi	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "I.	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)	· · · · · · · · · · · · · · · · · · ·		
			<u>,</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name	of the ney
Name of New Registered Agent:			
New Registered Office Address:			4 - 199 ₄
	Enter Florida street address	-B	स्य व्यवस्थात् । स्यावस्थात्
 -	, Florida	Zin Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Agent's Signature, if changing Registered Agen	•	2	44
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I a s provided for in Chapter 605, F.S. (ım familiar wit. Or, if this docu	h and ment is

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>	Address	Type of Action
SVP & SEC	Lin Cherry	396 Alhambra Circle	_ = Add
		Suite 400	□ Remove
		Coral Gables, FL 331	
CVP & ASST SEC	Roberto P. Hernandez	396 Alhambra Circle	Add/UPCH
		Suite 400	Remove
		Coral Gables, FL 3313	34
			Add
· ·			Remove
			<u> </u>
			
			Remove
			Remove
			□ Add
			□ Remove

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

Page 3 of 3

Filing Fee: \$25.00