

L14 00 003832C

(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



600261633496

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

14 JUL -8 PM 2:36  
01 00



July 7, 2014

**VIA FED EX**

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

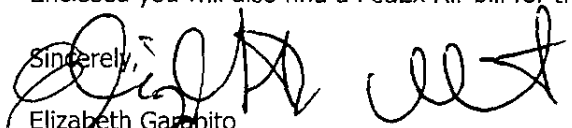
Re: Amended Annual Reports and Certified copy- Limited Liability Companies

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
<b>Total:</b>		<b>Check # 204</b>	<b>438.75</b>

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

Sincerely,  
  
 Elizabeth Garabito  
 Administrative Assistant  
 Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Alhambra Argentina Collections, 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:

**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** at **305 648-8117**  
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

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

Alhambra Argentina Collections, LLC

(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 March 6, 2014 and assigned Florida document number L14000038326.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 JUL - 8 PM 2 36

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	
CVP & SEC	Roberto P. Hernandez	396 Alhambra Circle	<input checked="" type="checkbox"/> Add <i>updated.</i>
		Suite 400	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	
COO	Vincent Cordero	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

14 JUL - 7:36 PM

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

---

---

---

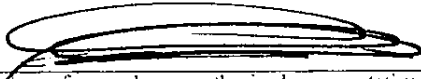
---

---

**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

14 JUL -8 PM 2:37