

L14 000038326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

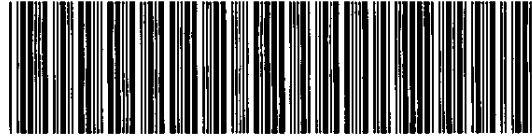
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HALL AHBASSSET, FLORENZA

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SEP 30 2014

T CLINE



September 24, 2014

VIA FEDEX

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

Re: **Articles to Amendment to Articles of Organization of Alhambra Collections, LLC
and Alhambra Argentina Collections, LLC**

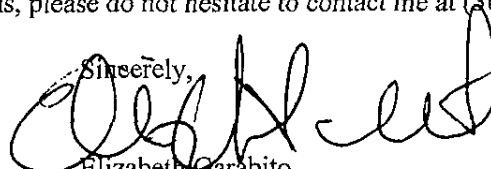
Dear Sir or Madam:

Enclosed please find two (2) **Articles to Amendment to Articles of Organization** to be updated. Additionally you will find check# 233 payable to The Department of State in the amount of \$500.00 to cover cost for filing fees per entity.

We thank you for your kind attention in this regard. Please note that any correspondence related to this matter should be directed to the following address:

HBO Latin American Group
Attn: Elizabeth Garabito
396 Alhambra Circle, Suite 400
Coral Gables, FL 33134

Should you have any questions or concerns, please do not hesitate to contact me at (305) 648-8130.

Sincerely,

Elizabeth Garabito
Administrative Assistant

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alhambra Argentina Collections, LLC

Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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:

- \$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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 6, 2014 and signed

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)

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>
CVP/Ass.Sec	Robert Hernandez	396 Alhambra Circle	<input 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
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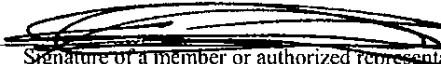
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 September 10, 2014



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

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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