

L15000 1355

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

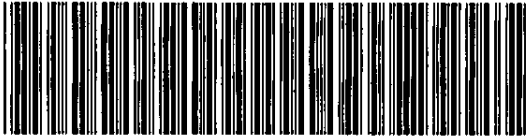
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

SEP 14 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NICAMONEY TRANSFER 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:

ALDO JOSE TERCERO  
Name of Person  
NICAMONEY TRANSFER LLC  
Firm/Company  
1310 WEST FLAGLER ST SUITE A  
Address  
MIAMI FLORIDA 33135  
City/State and Zip Code  
SOPHIA@SOLASITRADE.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ALDO JOSE TERCERO at 305 770-6090  
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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	SOPHIA G LACAYO	1310 WEST FLAGLER ST	<input type="checkbox"/> Add
		MIAMI FLORIDA 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALDO JOSE TERCERO	1310 WEST FLAGLER ST STE A	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

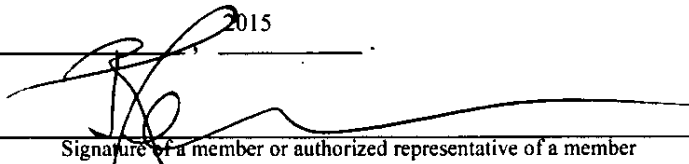
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 28, 2015



Signature of a member or authorized representative of a member

ALDO JOSE TERCERO

Typed or printed name of signee



## Detail by Entity Name

### Florida Limited Liability Company

NICAMONEY TRANSFER LLC

### Filing Information

Document Number	L15000135558
FEI/EIN Number	NONE
Date Filed	08/07/2015
Effective Date	08/07/2015
State	FL
Status	ACTIVE

### Principal Address

1310 WEST FLAGLER ST  
MIAMI, FL 33135

### Mailing Address

1310 WEST FLAGLER ST  
MIAMI, FL 33135

### Registered Agent Name & Address

LACAYO, SOPHIA G  
1310 WEST FLAGLER ST  
MIAMI FLORIDA, FL 33135

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

LACAYO, SOPHIA G  
1310 WEST FLAGLER ST  
MIAMI, FL 33135

### Annual Reports

No Annual Reports Filed

### Document Images

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