

PO 5000052447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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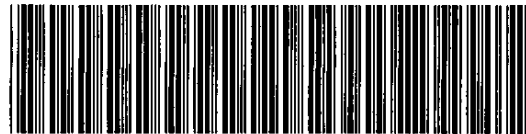
(Business Entity Name)

(Document Number)

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07/11/06--01041--002 \*\*43.75

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06 JUL 11 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

As 7/15/06  
Amend.



June 20, 2006

**Amendment Section**

Florida Division of Corporations

Clifton Bldg - 2661 Executive Center Circle

Tallahassee, FL 32301

Mail to: P.O. Box 6327 - Tallahassee, FL 32314

RE: NPIA-Naples Public Insurance Adjusters, Inc. dba Naples Public Insurance Adjusters

P.O. Box 110910 - Naples, FL, 34108-0116

Street Address- 5970 Golden Oaks Lane, Naples, FL 34119

**Name change of officer - President - Ileana M. Ramos**

**Please change name from Ileana M. Bateman to Ileana M. Ramos**

Please find the amendments form enclosed requesting that my name be changed in your records. I was recently divorced (May 18<sup>th</sup>, thankfully) and had my maiden name restored. Please delete 'Bateman' from all my records. Please use my maiden name of Ileana M. Ramos. The rest of the information for my company stays the same

If you have any questions regarding this change please contact me as soon as possible.

Respectfully,

A handwritten signature in black ink, appearing to read "Ileana Ramos", with a stylized flourish at the end.

Ileana M. Ramos - FL-licensed All-lines Public Insurance Adjuster

**NPIA**

**P.O. Box 110910 \* Naples, Florida 34108-0116**

**239-596-4738 \* FAX-239-596-4739 \* Email [iramos@swfla.rr.com](mailto:iramos@swfla.rr.com)**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NPIA - Naples Public Insurance Adjusters, Inc

**DOCUMENT NUMBER:** PO5000052447

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ileana M Ramos

(Name of Contact Person)

NPIA - Naples Public Insurance Adjusters

(Firm/ Company)

dba - Naples Public Insurance Adjusters (Fictitious name G02224966431)

P.O. Box 110910 - Naples, FL 34108

(Address)

Street - 5970 Golden Oaks Lane, Naples, FL 34119

(City/ State and Zip Code)

For further information concerning this matter, please call:

Ileana M. Ramos

(Name of Contact Person)

at ( 239 ) 595-4658

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

NPIA-NAPLES PUBLIC INSURANCE ADJUSTERS, Inc  
(Name of corporation as currently filed with the Florida Dept. of State)

P 05000052447

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co."  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Name change of Pres. Ileana M. Ramos Bateman RA  
to delete "BATEMAN" and restore maiden name of  
Ileana M. Ramos

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: MAY 18, 2006

Effective date if applicable: MAY 18, 2006  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by  
\_\_\_\_\_  
(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ileana M. Ramos  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**

**NPIA****NAPLES PUBLIC INSURANCE ADJUSTERS****FACSIMILE TRANSMITTAL SHEET****DATE:** 6/05/06**Number of Pages:** 4**TO:** DFS – Div of Agent & Agcy Licensing**FAX :** 850-413-3291**VOICE:** 850-413-3137**RE:** NAME CHANGE – Ileana M. Ramos  
Formerly Ileana M. Bateman

# E135782

**FROM:** Ileana M. Ramos

*Hello – I've just gone online to change my name. I was recently divorced and changed my name from Ileana M. Bateman to Ileana M. Ramos – my maiden name. Please let me know about getting a new license to reflect the name change-if I need to take a new picture or if I can just have a copy with the new name. Please also note my email address change from ibateman@swfla.rr.com to iramos@swfla.rr.com*

*My business is NPIA-Naples Public Insurance Adjusters, Inc. dba Naples Public Insurance Adjusters. It was formerly Naples Claims Inc. but I changed the name on Sept 1, 2005. My appointment still shows as being under Naples Claims Inc. Please make the changes to reflect being appointment under NPIA-Naples Public Insurance Adjusters, Inc. You may call, email or fax me with further instructions.*

*Thank you for your prompt assistance.*



*Ileana M. Ramos – FL All-lines Public Insurance Adjuster #E135782*

**NPIA****P.O. BOX 110910 \* Naples, Florida 34108-0116****\*OFFICE- 239-596-4738 \*FAX-239-596-4739 \*CELL-239 595-4658 Email: iramos@swfla.rr.com**