

D13000000031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

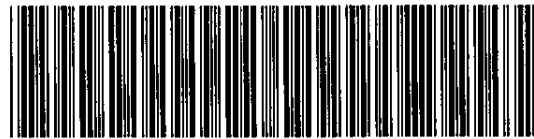
(Business Entity Name)

(Document Number)

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17 MAY -9 PM 5: 02

*NOT Amendment
name change*

MAY 16 2017

D CUSHING

BASS, DOHERTY & FINKS P.C.

COUNSELLORS AT LAW
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40 Soldiers Field Place
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Nicole A. Hostettler
William W. Lane
Lauren E. Atsalis *

May 4, 2017

Via Certified Mail No. 7015 0640 0001 3145 0036
Return Receipt Requested

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

Of Counsel
John P. Feeney §

* Also Admitted in FL
^ Also Admitted in DC
♦ Also Admitted in NH
§ Also Admitted in ME

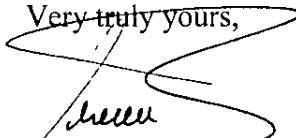
RE: CCJ FOUNDATION
DOCUMENT NO. D13000000031

Dear Sir/Madam:

Enclosed for filing please find the original Articles of Amendment to Declaration of Trust and Cover Letter for the above-captioned entity. The purpose of the amendment is to memorialize the change of name of the above-captioned entity to THE RUANE FAMILY FOUNDATION.

Also enclosed is Bass, Doherty & Finks, P.C. check in the amount of \$35.00 for the filing fee of said Amendment. Once the Amendment has been filed, please send the letter of acknowledgment to me in the enclosed, self-addressed and stamped envelope.

Should you have any questions, please do not hesitate to contact me. I can be reached via phone at (617) 787-6113 or via e-mail at mbass@bassdoherty.com.

Very truly yours,

Michael A. Bass

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MAB/kmd
Enclosures

cc: Michael A. Ruane (w/o enclosures)
Anthony Provanzano (w/o enclosures)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF ~~CORPORATION~~ ^{TRUST} CCJ Foundation

DOCUMENT NUMBER: D13000000031

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

Please return all correspondence concerning this matter to the following:

Michael A. Bass

(Name of Contact Person)

Bass, Doherty & Finks, P.C.

(Firm/ Company)

40 Soldiers Field Place

(Address)

Boston, MA 02135

(City/ State and Zip Code)

mbass@bassdoherty.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

_____ at _____
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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~~ Declaration of Trust
of

CCJ Foundation

(Name of ~~Corporation~~ as currently filed with the Florida Dept. of State)
Trust

D1300000031

(Document Number of ~~Corporation~~ (if known))
Trust

Pursuant to the provisions of section ⁶⁰⁹ 617.1006, Florida Statutes, this ~~Florida Not For Profit Corporation~~ ^{Trust} adopts the following amendment(s) to its ~~Articles of Incorporation~~ Declaration of Trust:

A. If amending name, enter the new name of the ~~corporation~~ Trust:

The Ruane Family Foundation

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
 (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

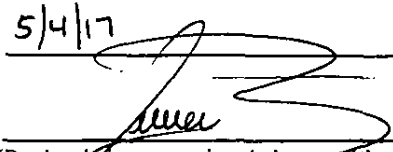
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the ~~board of directors~~ trustee.

Dated 5/4/17 _____

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

Michael A, Bass

(Typed or printed name of person signing)

Trustee

(Title of person signing)