

M 13 000007563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

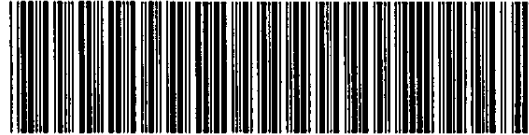
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Cuttigan MAR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCJP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony D. Provanzano

Name of Person

Provanzano & Marchesiani PC

Firm/Company

607 North Ave, Ste F

Address

Wakefield, MA 01880

City/State and Zip Code

tp@pmcpafirm.com

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

For further information concerning this matter, please call:

Anthony D. Provanzano at 781 245-1100 x20

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MCJP, LLC

2. The Florida document number of this limited liability company is: M13000007563

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 2, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Ruane Enterprises, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

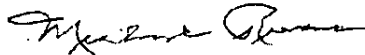
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Michael A. Ruane

Typed or printed name of signee

Filing Fee: \$25.00

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OFFICE OF THE CLERK OF THE SUPREME COURT

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MCJP, LLC", CHANGING ITS NAME FROM "MCJP, LLC" TO "RUANE ENTERPRISES, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF FEBRUARY, A.D. 2015, AT 11:30 O'CLOCK A.M.



4276848 8100

150141702

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2102469

DATE: 02-06-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:30 AM 02/02/2015
FILED 11:30 AM 02/02/2015
SRV 150141702 - 4276848 FILE


**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: MCJP, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

THE LLC IS CHANGING ITS LEGAL NAME TO:

RUANE ENTERPRISES, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 23RD day of JANUARY, A.D. 2015.

By: 
Authorized Person(s)

Name: MICHAEL A RUANE
Print or Type