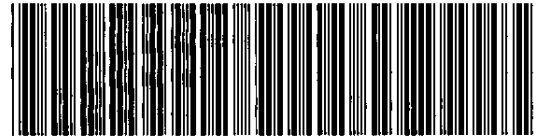


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EXAMINER

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: HENCORP BECSTONE FUTURES, L.C.
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:

David A. Bolte
Name of Person
FCStone Group, Inc.
Firm/Company
2829 Westown Parkway - Suite 100
Address
West Des Moines, IA 50266
City/State and Zip Code
david.bolte@fcstone.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

David A. Bolte at (515) 223-3797
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HENCORP BECSTONE FUTURES, L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/24/1998 and assigned Florida document number L98000003416.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INTL Hencorp Futures, LLC

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)

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SECRETARY OF STATE

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victor Henriquez	777 Brickell Avenue - Suite 1010 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Raul Henriquez	777 Brickell Avenue - Suite 1010 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Oscar Schaps	777 Brickell Avenue - Suite 1010 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Hernando De La Roche	777 Brickell Avenue - Suite 1010 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FCStone Group, Inc.	c/o David A. Bolte, Secretary 1251 NW Briarcliff Parkway - Suite 800 Kansas City, MO 64116	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Dated October 11, 2010

David A. Bolte, Secretary
Signature of a member or authorized representative of a member

David A. Bolte, Secretary
Typed or printed name of signee