K18043

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SECTION -1 AM 9: 59

A. BUTLER NOV 14 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:StoneX Bullion	Inc.			
DOCUMENT NUM	BER: K18043	•			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	David A. Bolte				
		Name of Contact Person	n		
	StoneX Group Inc.				
	-	Firm/ Company			
	1075 Jordan Creek Parkway - Suite 300				
		Address			
	West Des Moines, Iowa 5				
		City/ State and Zip Cod	e		
	david.bolte@stonex.com				
	•	ed for future annual report			
For further information David A. Bolte	n concerning this matter, pleas	e call: at (515	223-3797		
Name	of Contact Person		de & Daytime Telephone Number		
inclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■S43.75 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			Address ment Section		
Division of Corporations		Division of Corporations			
	Box 6327		entre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

StoneX Bullion Inc.

FILED

	Sioner Bu	mon me.		المريط -
(Name	of Corporation as currently	filed with the Florid	la Dept?of/State)	
,	K180-		All Al	4 9: 59
			<u> </u>	
	(Document Number of	Corporation (if knowi	n) (**)	.3 TATE
Pursuant to the provisions of section 607	.1006, Florida Statutes, this I	Florida Profit Corpora	ation adopts the follow	ing amendment(s) t
its Articles of Incorporation:			•	
A 15 1' A A	£41 4'	1		
A. If amending name, enter the new n	ame of the corporation:			
StoneX Payments Inc.				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "Inc." or "Co". A			
	16 11 11	N/A		
3. Enter new principal office address, Principal office address MUST BE A S				
rmeipui ojjice uuuress <u>siiosi bii As</u>	TREET ADDRESS)			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
(OFFICE BOA		· · · · · · · · · · · · · · · · · · ·	
				
D. If amending the registered agent ar	ad/or registered office addr	ess in Florida, enter t	the name of the	
new registered agent and/or the ne-			the name of the	
	N/A			
Name of New Registered Agent	1011			
	(Florida stre	vet address)		
	N/A	,		
New Registered Office Address:			, Florida	
		(City)	(Zi _l	n Code)
New Registered Agent's Signature, if c	hanging Registered Agent:			
hereby accept the appointment as regist	tered agent. I am familiar w	rith and accept the obli	igations of the position	1.
-	Signature of New Re	gistered Agent, if char	nging	
	<u> </u>	G G: y 2	G G	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

____ Add

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: X Change <u>PT</u> John Doe X Remove Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> <u>Addres</u>s (Check One) N/A 1) ____ Change ____ Add Remove 2) ____ Change _____ Add Remove 3) ____ Remove Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change Add Remove 6) ____ Change

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s'	<u>) here</u> :		
N/A	(De specific)			
N/A				
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F. If an amendment provides for an exch	ange, reclassificatio	n, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	adment if not contai	ned in the ame <u>nd</u>	ment itself:	
N/A				
		·,		
	<u> </u>			
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		-		
			•	<u>.</u>
			- <u>-</u>	

The date of each amendment date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	November 1, 2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer- action was not required.	e adopted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/wer- by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amend re sufficient for approval.	lment(s)
	e approved by the shareholders through voting groups. The following s d 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)	
Oc Dated	cober 30, 2023	
Signature	Savid A Bolto	
sel	a director, president or other officer – if directors or officers have not ected, by an incorporator – if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	David A. Bolte	
	(Typed or printed name of person signing)	<u> </u>
	Secretary	
	(Title of person signing)	_