

9/29/2021

Division of Corporations

L 21000026735

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
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Email Address: TMILLER@DUANEMORRIS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IIC TRADING AMERICAS, LLC

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A. LUNT

2021 SEP 29 AM 9:42

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Duane Morris*

DUANE MORRIS LLP
BOCA CENTER TOWER II
5100 TOWN CENTER CIRCLE, SUITE 650
BOCA RATON, FL 33486-9000
PHONE: 561.962.2100
FAX: 561.962.2101

FACSIMILE TRANSMITTAL SHEET

To:

FIRM/COMPANY:

FACSIMILE NUMBER: 18506176383

FROM: Tara Miller

DIRECT DIAL: +1 561 962 2113

DATE: 2021-09-29 09:05:07 EDT

REFERENCE: HC TRADING AMERICAS, LLC - Fax Audit No.
H21000364079

Message:

For more information about Duane Morris, please visit <http://www.DuaneMorris.com>

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HC TRADING AMERICAS, LLC

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

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2021 SEP 29 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on JANUARY 28, 2021 and assigned
Florida document number L21000026735.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

2 ALHAMBRA PLAZA, STE. 640

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 ALHAMBRA PLAZA, STE. 640

CORAL GABLES, FL 33134

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:

N/A

New Registered Office Address:

N/A

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|----------------------------|---|
| MGR | ANDREW PRESTON | 2 ALHAMBRA PLAZA, STE. 640 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CARSTEN SAUERLAND | 2 ALHAMBRA PLAZA, STE. 640 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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DIVISION OF CORPORATIONS
2021 SEP 29 AM 10:17**E. Effective date, if other than the date of filing: _____ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 27, 2021

Sign: _____

Print: Alexander Pietrowiak, Managing Director of member

Sign: _____

Print: Dr. Carsten Sauerland, Managing Director of member

Filing Fee: \$25.00

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