Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DUANE MORRIS LLP Account Number : I19990000059 Phone : (305)960-2217 Fax Number : (305)397-2683

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TLMILLER@DUANEMORRIS.COM

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HC TRADING AMERICAS, LLC						
(Name of the Limi	ed Liability Com (A Florida Limited	nany as it now appears on our re I Liability Company)	<u>cords.)</u>			
The Articles of Organization for this Limited L Florida document number <u>L21000026735</u>	iability Compan	y were filed on January 28, 2	021	_ and assig	zned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited lia	bility company here:				
HM TRADING AMERICAS, LLC						
The new name must be distinguishable and contain the w	ords "Limited Liab	bility Company," the designation	LLC" or the abbre	viation "L.L.	.C."	-
Enter new principal offices address, if applic	able:	N/A				-
(Principal office address MUST BE A STREE	T ADDRESS)					_
Enter new mailing address, if applicable:		N/A				-
Mailing address MAY BE A POST OFFICE	BOX)	**				-
B. If amending the registered agent and/or r	egistered office	address on our records, en	ter the name o	f the new	202 delste	- ered
agent and/or the new registered office addres		<u></u>		• .	EB	
Name of New Registered Agent:	N/A			•	<u>က</u>	
New Registered Office Address:	N/A		 		بب_ ــنبــ	- -
		Enter Florida street aa	dress	•	9	
			, 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

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>	Address	Type of Action
		···	□Add
			□Remove
			□ Change
			□Add
			□Remove
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N/A			
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4			
ffective date, if other than	the date of filing:	(optic	onal)
lote: If the date inscried in th	the date of filing: must be specific and cannot be prior to do is block does not meet the applicable ne Department of State's records.	ate of tiling or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.02 date will not be listed
record specifies a delayed effe is filed.	ective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after th
February	2023		
Sign: AM	2-ccd(II)		
Print:	General Monniker		
Title: Manager	Gotto		
A A A			

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