# M04000000575

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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fivelor.

### **COVER LETTER**

Division of Corporations				
SUBJECT: INTL FCStone Cre	edit Trading LLC			
Name of Foreig	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 th	is matter to the following:			
David A. Bolte				
Name of Person				
INTL FCStone Inc.				
Firm/Company				
1075 Jordan Creek Parkway -	- Suite 300			
Address				
West Des Moines, IA 5026	66			
City/State and Zip Cod	e			
david.bolte@intlfcstone.cor	n			
E-mail address: (to be used for future annua				
For further information concerning this matter,	, please call:			
David A. Bolte	_ <sub>at (</sub> 515 <sub>)</sub> 223-3	3797		
Name of Person	Area Code & Daytime	Telephone Number		
STREET/COURIER ADDRESS:		NG ADDRESS:		
Registration Section	Registration Section			
•	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amoun				
S25 Filing Fee \$\Bigcia \$30 Filing Fee & \Bigcia \$55 Filing Fee & \Bigcia \$60 Filing Fee,				
Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

TO: Registration Section

## 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)

s on the records of the Florida Department of
N/A
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N/A
<u> </u>
M0400000575
ability company is: M0400000575
bruary 11, 2004
changes)
NTL FCStone Credit Trading LLC
t contain "Limited Liability Company," "L.L.C.," or "LLC.")
I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name c." or "LLC.")
ed officer address on our records, enter the name of the new ddress here:
Enter Florida Street Address
, Florida City: Zip Code
gistered Agent; nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with

If the amendment c	hanges person, title or capacity in acc	ordance with 605.0902 (1)(e), indicate tha	t change:
itle/ Capacity	Name	Address	Type of Action
<u></u>			Add
			Remov
			Add
		-	Remov
		<del></del>	Add
			Remov
<del>-</del>			Add
			Remove
			Add
			Remove
aforementioned am	he law of which this entity is organi	he official having custody of records in th	е

Filing Fee: \$25.00

# STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 28, 2019.

Whitney Clark

Deputy Secretary of State

Who they Clark

190725000236



NEW YORK Division of Corporations, State Records and Uniform Commercial Code

New York State Department of State DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE One Commerce Plaza 99 Washington Ave. Albany, NY 12235-0001 www.dos.ny.gov

## CERTIFICATE OF AMENDMENT OF ARTICLES OF ORGANIZATION

OF
GMP SECURITIES, LLC
(Insert Name of Domestic Limited Liability Company) (Name change only)
Under Section 211 of the Limited Liability Company Law
FIRST: The name of the limited liability company is:
GMP SECURITIES, LLC
If the name of the limited liability company has been changed, the name under which it was organized is:  MILLER ANDREW ROBERTS, LLC
SECOND: The date of filing of the articles or organization is:  October 28, 1998
SECOND. The date of himse of the director of eag.
THIRD: The amendment affected by this certificate of amendment is as follows:  Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:
FIRST: The name of the limited liability company is:
INTL FCSTONE CREDIT TRADING LLC
X Awar A Solto Capacity of Signer (Check appropriate box):  [Signature] Member
David A. Bolte Manager
(Type or print name)  Authorized Person

CERTIFICATE OF AMENDMEN'S
OF
ARTICLES OF ORGANIZATION

OF

236

### GMP SECURITIES, LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

Filer's Name an	l Mailing	Address:
-----------------	-----------	----------

David A. Bolte	
Name:	
INTL FCStone Inc.	
Company, If Applicable:	
1075 Jordan Creek Parkway - Suite 300	
Mailing Address:	
West Des Moines, IA 50268	
Cine State and Zin Code:	

#### NOTES

- 1. This form was prepared by the New York State Department of State to amend paragraph FIRST of the articles of organization to change the name of a domestic limited liability company. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
- 2. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at <a href="https://www.dos.ny.gov">www.dos.ny.gov</a>.
- 3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
- 4. This certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only)

STATE OF NEW YORK
DEPARTMENT OF STATE
DEPARTMENT OF STATE
DEPARTMENT OF STATE

JAN 25 2019

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BY:

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N. Y. S: DEPARTMENT OF STATE DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

### CERTIFICATE OF RESERVATION

ENTITY NAME: INTL FOSTONE CREDIT TRADING LLC

DOCUMENT TYPE: RESERVATION FOR NAME CHANGE (DOM LLC)

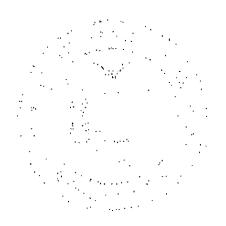
FILED:01/09/2019 DURATION:03/11/2019 CASH#:190109000522 FILM #:190109000500

FILER:

CMP SECURITIES, LLC 530 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10036

ADDRESS FOR PROCESS:

REGISTERED AGENT:



\*\* SUBMIT RECEIPT WHEN FILING CERTIFICATE \*\* APPLICANT NAME : GMP SECURITIES, LLC

MECHITOR		••	· · · · · · · · · · · · · · · · · · ·	 , 2	*****
	COMPANY: ** 1	NO SERVICE		SERVICE	CODE: 00
FEES	95.00			PAYMENTS	95.00
FILING TAX CERT COPIES HANDLING	20.00 0.00 0.00 0.00 0.00			CASH CHECK CHARGE DRAWDOWN OPAL REFUND	0.00 0.00 95.00 0.00 0.00
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