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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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(Business Entity Name)
(Business Entry Harrey
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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SECRETARY SEETED

Office Use Only

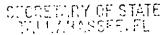
3/3/121

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: INTL FCStor	ne Markets, LLC		
0000		gn Limited Lial	oility Co	mpany
Dear S	Sir or Madam:			
The er	nclosed application, certificate and fee(s) are submitted	for filing	<u>.</u>
Please	return all correspondence concerning the	his matter to the	followi	ng:
David	A. Bolte			
	Name of Person		_	
Stone.	C Group Inc.			
	Firm/Company		_	
1075 J	ordan Creek Parkway - Suite 300			
	Address		_	
West [Des Moines, IA 50266			
	City/State and Zip Coo	de	_	
	bolte@stonex.com		_	
E-n	nail address: (to be used for future annuc	al report notifica	ation)	
For fu	rther information concerning this matter	r. please call:		
David	i A. Bolte	at (223-3	797
	Name of Person	Area Code	e & Dayı	time Telephone Number
	Mailing Address:		Street A	ddress:
	Registration Section			ration Section
	Division of Corporations		Divisio	on of Corporations
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314			I. Monroe Street, Suite 810 assee, FL 32303
	Enclosed is a check for the following	g amount:		
□\$25	Filing Fee ☐ \$30 Filing Fee &	🗏 \$55 Filing	Fee &	☐ \$60 Filing Fee.
	Certificate of Status	Certified (Сору	Certificate of Status & Certified Copy
CR2E0:	55 (9/15)			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FIDE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA 2021 FEB 10 PM 6: 42

SECTION I (1-4 must be completed)



1. Name of limited liability Company as it appear	rs on the records of the Flor	ida Department of			
State:INTL FCStone Markets, LLC					
Enter new principal office address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A				
2. The Florida document number of this limited li	ability company is: _M1700	00005919			
Jurisdiction of its organization:					
4. Date authorized to do business in Florida:07.					
SECTION II (5-9 complete only the applicable	•				
5. New name of the limited liability company: (must	StoneX Markets LLC st contain "Limited Liabilit	y Company, " "L.L.C" or "LLC.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	inaging members adopting	ting business in Florida and attach a the alternate name. The alternate name			
6. If amending the registered agent and/or register registered agent and/or the new registered office a		ecords, enter the name of the new			
Name of New Registered Agent: N/A					
New Registered Office Address:					
	Enter Florida Street Address				
	City	Florida Zip Code			
N	-	<i>Σι</i> ρ Code			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and green the obligations of my position as regis	ent and agree to act in this or and complete performance	of my duties, and I am familiar with			

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 the amendment o	hanges person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate	ate that change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Remo
			□Add
			🖸 Remo
 -			□Add
			□Remo
			□Add
			□Remo
 			□Add
aforementioned an	ficate, if required: no more than 90 da nendment(s), duly authenticated by the the law of which this entity is organized www	e official having custody of record	□Remo

Filing Fee: \$25.00



SECRETARY OF STATE CERTIFICATE OF EXISTENCE

Issue Date: 2/3/2021

Name: STONEX MARKETS LLC (489DLC - 222524)

Date of Incorporation: 11/12/1998

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

a. The entity is in existence and duly incorporated under the laws of lowa.

- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.
- f. Other facts of record requested by applicant will be on an attachment.



Pant D. Pato

PAUL D. PATE SECRETARY OF STATE



Page 2

Issue Date: 2/3/2021



SECRETARY OF STATE

Name: STONEX MARKETS LLC (489DLC - 222524)

f. I further certify that according to the records filed with the Secretary of State's office the above named entity filed an amendment to the articles of incorporation/organization on 8/3/2020, changing the name from INTL FCSTONE MARKETS, LLC to STONEX MARKETS LLC.



Part Sate

PAUL D. PATE SECRETARY OF STATE

