



May 9, 2025

Via Federal Express

Mrs. Jeanette Jackson
Securities and Exchange Commission
Division of Trading and Markets
100 F Street, N.E.
Mail Stop 6628
Washington, DC 20549-0001

Re: **Form 1 Amendment**

Dear Mrs. Jackson:

Enclosed please find an amendment to Exhibit F of the Form 1 applications pursuant to Rule 6a-2(a) of the Securities Exchange Act of 1934 for Cboe C2 Exchange, Inc.

For Exhibit F, the Exchange is filing an amendment to provide the most recent, final versions of agreements circulated to Members and other Users of the Exchange. TPH Modification Form has been updated.

This amendment is filed in accordance with SEC Rule 6a-2 and is intended to update Exhibit F currently on file with the Commission. Please do not hesitate to contact me if you have any questions or require anything further.

Sincerely,

Laura Dickman

Laura Dickman
Associate General Counsel
312-786-7572
Signature executed at 3:00pm on 05/09/25


Enclosures

Form 1 Page 1 Execution Page	U.S. SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 APPLICATION FOR, AND AMENDMENTS TO APPLICATION FOR, REGISTRATION AS A NATIONAL SECURITIES EXCHANGE OR EXEMPTION FROM REGISTRATION PURSUANT TO SECTION 5 OF THE EXCHANGE ACT	Date filed (MM/DD/YY) 05/09/25	OFFICIAL USE ONLY
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WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of the applicant would violate the federal securities laws and may result in disciplinary, administrative or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS
MAY CONSTITUTE CRIMINAL VIOLATIONS

APPLICATION AMENDMENT

1. State the name of the applicant: Cboe C2 Exchange, Inc.
 2. Provide the applicant's primary street address (Do not use a P.O. Box):
433 W Van Buren Street
Chicago, Illinois 60607 
 3. Provide the applicant's mailing address (if different):
25000163
 4. Provide the business telephone and facsimile number:
(312) 786-5600 (312) 786-7138
(Telephone) (Facsimile)
 5. Provide the name, title and telephone number of a contact employee:
Laura Dickman Associate General Counsel Cboe C2 Exchange, Inc. (312) 786-7572
(Name) (Title) (Telephone Number)
 6. Provide the name and address of counsel for the applicant:
Pat Sexton
433 W Van Buren Street
Chicago, IL 60607
 7. Provide the date that applicant's fiscal year ends: December 31
 8. Indicate legal status of the applicant: Corporation Sole Partnership Partnership
 Limited Liability Company Other (specify): _____
- If other than a sole proprietor, indicate the date and place where applicant obtained its legal status (e.g. state where incorporated, place where partnership agreement was filed or where applicant entity was formed):
(a) Date (MM/DD/YY): 11/01/07 (b) State/Country of formation: Delaware/United States of America
(c) Statute under which applicant was organized: General Corporation Law of the State of Delaware

7EXECUTION:

The applicant consents that service of any civil action brought by, or notice of any proceeding before, the Securities and Exchange Commission in connection with the applicant's activities may be given by registered or certified mail or confirmed telegram to the applicant's contact employee at the main address, or mailing address if different, given in Items 2 and 3. The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information and statement contained herein, including exhibits, schedules, or other documents attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete.

Date: 05/09/25 Cboe C2 Exchange, Inc.
(MM/DD/YY) (Name of Applicant)

By: Laura Dickman [signature executed at 3:00pm on 05/09/25] Laura Dickman, Associate General Counsel
(Signature) (Printed Name and Title)

Subscribed and sworn before me this see header day of see header, see header by see header
(Month) (Year) (Notary Public)

My Commission expires see header County of see header State of see header

This page must always be completed in full with original, manual signature and notarization.
Affix notary stamp or seal where applicable.

Exhibit F

Exhibit Request:

A complete set of all forms pertaining to:

1. Application for membership, participation or subscription to the entity,
2. Application for approval as a person associated with a member, participant or subscriber of the entity; and
3. Any other similar materials.

Response:

Attached please find the following documents which have recently been added or updated:

1. TPH Modification Form | Updates: Removed TP (Series 24) from the 'Responsible Person(s)' section. Changed font to Montserrat.

Cboe C2 Exchange, Inc. TPH Modification Form

This form is to be completed by a current Trading Permit Holder ("TPH") for the types of changes described below. Additional documentation may need to be submitted depending on the change. An executed version of this Form can be delivered via email to MembershipServices@cboe.com.

GENERAL INFORMATION

Firm Name:

CRD Number:	NFA Number:
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CONTACT

Name:	Email:
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Title:	Phone:
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BUSINESS CAPACITY(IES)

<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Proprietary Trader <input type="checkbox"/> Broker <input type="checkbox"/> Clearing Participant <input type="checkbox"/> Market Maker <input type="checkbox"/> Transact Business w/the Public
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<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Proprietary Trader <input type="checkbox"/> Broker <input type="checkbox"/> Clearing Participant <input type="checkbox"/> Market Maker <input type="checkbox"/> Transact Business w/the Public
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RESPONSIBLE PERSON(S)

The Responsible Person must be a United States based officer, director, or management-level employee of the TPH, who is responsible for the direct supervision and control of Associated Persons of the TPH. Each Responsible Person must sign an [C2 Individual Consent to Jurisdiction](#) and hold the appropriate qualification examinations and registrations on WebCRD.

<input type="checkbox"/> Add	Name:	CRD #:
	Title:	NFA ID:
<input type="checkbox"/> Remove	Phone:	Email:
<input type="checkbox"/> Add	Name:	CRD #:
	Title:	NFA ID:
<input type="checkbox"/> Remove	Phone:	Email:

Signature of Authorized Officer, Partner, or
Managing Member of the TPH

Date

Printed Name

Title