

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 24X National Exchange LLC AMENDMENT

1. State the name of the applicant: _____
2. Provide the applicant's primary street address (Do not use a P.O. Box):
One Landmark Square, Suite 1815, Stamford, CT, 06901
3. Provide the applicant's mailing address (if different):
Same as above
4. Provide the applicant's business telephone and facsimile number:
(203) 212-8031, (917) 796-3315
(Telephone) (Facsimile)
5. Provide the name, title, and telephone number of a contact employee:
Dmitri Galinov CEO/Head of Equities (646) 421-0566
(Name) (Title) (Telephone Number)
6. Provide the name and address of counsel for the applicant:
Andre E. Owens, WilmerHale, 2100 Pennsylvania Avenue NW, Washington, DC 20037 USA
David Sassoon, 24X National Exchange, LLC, One Landmark Square, Suite 1815, Stamford, CT 06901
December 31
7. Provide the date applicant's fiscal year ends: _____
8. Indicate legal status of applicant: Corporation Sole Proprietorship 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): 9/28/21 (b) State/Country of formation: Delaware

(c) Statute under which applicant was organized: Delaware Limited Liability Company Act

EXECUTION: 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 statements 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: 01/29/2024 **24X NATIONAL EXCHANGE LLC**

By: [Signature] DMITRI GALINOV MEMBER
(Signature) (Printed Name and Title)

Subscribed and sworn before me this 29th day of January, 2024 by [Signature]
(Month) (Year) (Notary Public)

My Commission expires 12/18/2027 County of Miami-Dade State of FL.

LINDA GONZALEZ
 Notary Public
 State of Florida
 Comm# HH474096
 Expires 12/18/2027

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