

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: 24X National Exchange LLC

2. Provide the applicant's primary street address (Do not use a P.O. Box):
2655 S LeJeune Road, #1110, Coral Gables, FL 33134

3. Provide the applicant's mailing address (if different):

4. Provide the applicant's business telephone and facsimile number:
203-293-2385
(Telephone) (Facsimile)

5. Provide the name, title, and telephone number of a contact employee:
Paul Adcock Head of Equities/Chief Operating Officer 312-888-6773
(Name) (Title) (Telephone Number)

6. Provide the name and address of counsel for the applicant:
James Brady
Katten Muchin Rosenman LLP

7. Provide the date applicant's fiscal year ends: December 31

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): 09/28/21 (b) State/Country of formation: Delaware

(c) Statute under which applicant was organized: _____

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: 11/10/2022 DMITRI GALINOV
(MM/DD/YY) (Name of applicant)

By: [Signature] Consuelo Martinez
(Signature) (Printed Name and Title)

Subscribed and sworn before me this 10th day of November, 2022 by [Signature]
(Month) (Year) (Notary Public)

My Commission expires 05/03/2025 County of Miami-Dade State of Florida

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

Consuelo M. Martinez
Notary Public
State of Florida
Comm# HH125526
Expires 5/3/2025

