M21000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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R. HUNT
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONGRESS WEALTH MANAGEMENT LLC
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 this matter to the following:

Name of Person

REGISTERED AGENT SOLUTIONS, INC.
Firm/Company

44 SCHOOL STREET, SUITE 505
Address

BOSTON, MA 02108
City/State and Zip Code

boston.orders@rasi.com
E-mail address: (to be used for future annual report notification)

FILED
2016 JAN 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

REGISTERED AGENT SOLUTIONS, INC. at (800) 275-2070
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CONGRESS WEALTH MANAGEMENT LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

2. The Florida document number of this limited liability company is: M21000005817

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MAY 13, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CW ADVISORS, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Paul Lonergan
_____
Signature of the authorized representative

PAUL LONERGAN
_____
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CONGRESS WEALTH MANAGEMENT LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CW ADVISORS, LLC" ON THE TENTH DAY OF JANUARY, A.D. 2024, AT 12:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CW ADVISORS, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

3159618 8320

Authentication: 202566646

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
CONGRESS WEALTH MANAGEMENT LLC

The undersigned authorized person, desiring to amend the Certificate of Formation of CONGRESS WEALTH MANAGEMENT LLC pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is CONGRESS WEALTH MANAGEMENT LLC. The limited liability company was formed on June 30, 2020.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is CW ADVISORS, LLC.

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Amendment on the 10th day of January, 2024.

CONGRESS WEALTH MANAGEMENT LLC

By: /s/ Paul Lonergan
Paul Lonergan, Authorized Person

PM 2:28

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:15 PM 01/10/2024
FILED 12:15 PM 01/10/2024
SR 20240083592 - File Number 3159618