

M170000 - 10178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

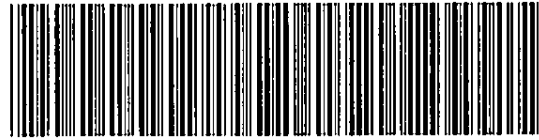
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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 05/30/2025

Name: Cheyenne Davis

Reference #: 2778635

Entity Name: WA SOLUTIONS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other PLEASE ATTACH CERT. OF STATUS UPON FILING

Authorized Amount: \$30.00

Signature: *Cheyenne Davis*

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CI
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
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P: +852.2682.9633
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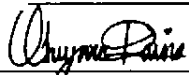
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WA Solutions, LLC (formerly known as Warehouse Anywhere, 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:

Daniel Dahl

Name of Person

WA Solutions, LLC

Firm/Company

559 Crescent Ave

Address

East Aurora, NY 14052

City/State and Zip Code

jtoney@wasolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Dahl

Name of Person

at (785) 550-1997
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: Warehouse Anywhere, 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: M17000010178

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/04/2017

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

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

WA Supply Chain Solutions, 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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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

Signed by:

Daniel Dahl

Signature of the authorized representative

Daniel Dahl

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE
STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WAREHOUSE
ANYWHERE, LLC", CHANGING ITS NAME FROM "WAREHOUSE ANYWHERE,
LLC" TO "WA SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE SECOND
DAY OF MAY, A.D. 2025, AT 2:46 O'CLOCK P.M.



C. P. Sanchez

Cheruni Patibanda-Sanchez, Secretary of State

5882307 8100
SR# 20251963252

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203601638
Date: 05-05-25

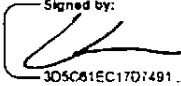
State of Delaware
Secretary of State
Division of Corporations
Delivered 02:46 PM 05/02/2025
FILED 02:46 PM 05/02/2025
SR 20251963252 - File Number 5882307

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Warehouse Anywhere, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The first paragraph of the Certificate of Formation is hereby amended to read as follows: "The name of the limited liability company is WA Solutions, LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 2nd day of May, A.D. 2025.

By:  Signed by:
305C61EC17D7491 ..
Authorized Person(s)

Name: Anthony Habib
Print or Type