

1/15/25, 9:07 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H25000017421 3)))



H250000174213ABCW

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE FAULKNER FIRM, P.A.
Account Number : I20150000064
Phone : (727)781-7428
Fax Number : (727)502-6064

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: henri@thefaulknerfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YOUNGSTOWN IDEAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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K. SALLY

(((H25000017421 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUNGSTOWN IDEAL, 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:

HENRI BARDHI

Name of Person

THE FAULKNER FIRM, P.A.

Firm/Company

4056 TAMPA ROAD

Address

OLDSMAR, FL 34677

City/State and Zip Code

HENRI@THEFAULKNERFIRM.COM

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

For further information concerning this matter, please call:

HENRI BARDHI

Name of Person

at (727) 939-4900

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

(((H25000017421 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

(((H25000017421 3)))

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: YOUNGSTOWN IDEAL, 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: M20000003796

3. Jurisdiction of its organization: OHIO

4. Date authorized to do business in Florida: 04/10/2020

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

5. New name of the limited liability company: NEW DAY MEDSPA, 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

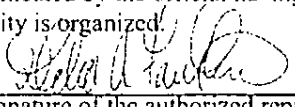
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

((H25000017421 3)))

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.


Signature of the authorized representative

DEBRA A. FAULKNER, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/02/2025	202436603934	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

YOUNGSTOWN IDEAL, LLC
ATTN: HENRI BARDHI, ESQ.
4056 TAMPA ROAD
OLDSMAR, FL 34677

FILED
2025 JAN 16 PM 3:50
SECRETARY OF STATE
RECEIVED

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4062562

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NEW DAY MEDSPA, LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - AMENDMENT

Document No(s):

202436603934

Effective Date: 12/30/2024



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
2nd day of January, A.D. 2025.

Frank LaRose
Ohio Secretary of State

Form 611 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 1329

Columbus, OH 43216

Expedite Filing (Two business day processing time
Requires an additional \$100.00)

P.O. Box 1330

Columbus, OH 43216

For screen readers, follow instructions located at this path.

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

YOUNGSTOWN IDEAL, LLC

Name of Limited Liability Company

4062562

Registration Number

Optional:

Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company NEW DAY MEDSPA, LLC

(Name must include one of the following words or abbreviations:
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

[Handwritten Signature]

Signature

By (if applicable)

HENRI BARDHI

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

2025 JAN 16 PM 3:57
STATE OF OHIO
TALLAHASSEE FIELD OFFICE

FILED