

P96000 103828

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(Address)

(Address)

(City/State/Zip/Phone #)

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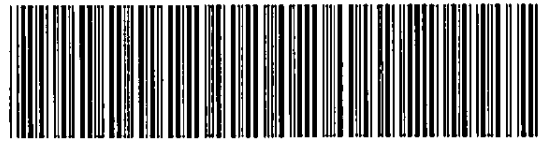
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STATE  
SECRETARY OF  
2023 MAR 28 AM 11:38

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** DYNAMICS IN HEALING, INC.

**DOCUMENT NUMBER:** P96000103828

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA CALLER  
Name of Contact Person

Firm/ Company

6981 CURTISS AVE, SUITE #5  
Address

SARASOTA, FL 34231  
City/ State and Zip Code

LISACALLERAP@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA CALLER at ( 941 ) 928-9584  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

Articles of Amendment  
to  
Articles of Incorporation  
of

DYNAMICS IN HEALING, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000103828

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

6981 CURTISS AVE

SUITE #5

SARASOTA, FL 34231

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

2841 GROVE STREET

SARASOTA, FL 34239

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

LISA CALLER

6981 CURTISS AVE, SUITE #5

*(Florida street address)*

New Registered Office Address:

SARASOTA

*(City)*

Florida 34231

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



*Signature of New Registered Agent, if changing*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), F.S.

(Attach additional sheets, if necessary)

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

**Example:**

X Remove	V	Mike Jones
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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change	DPST	SHAMES, CHERYL	4370 S. TAMiami TRAIL
<input type="checkbox"/> Add			SUITE #235
<input checked="" type="checkbox"/> Remove			SARASOTA, FL 34231
2) <input type="checkbox"/> Change	DPST	CALLER, LISA	6981 CURTISS AVE
<input checked="" type="checkbox"/> Add			SUITE #5
<input type="checkbox"/> Remove			SARASOTA, FL 34231
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 8-26-22, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 3-24-23

Signature Lisa Caller  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LISA CALLER

\_\_\_\_\_  
(Typed or printed name of person signing)

DPST

\_\_\_\_\_  
(Title of person signing)

8/30/2022 8:59 AM

KAREN E. RUSHING

CLERK OF THE CIRCUIT COURT

SARASOTA COUNTY, FLORIDA

CIVIL COURTS

Receipt # 2909083

IN THE CIRCUIT COURT FOR SARASOTA COUNTY,  
FLORIDA  
IN RE: ESTATE OF

PROBATE DIVISION

File No. 2022 CP 3996 NC

CHERYL SHAMES

Division Probate

Deceased.

LETTERS OF ADMINISTRATION  
(single personal representative)

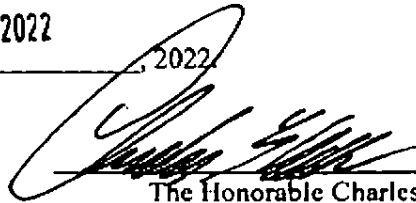
TO ALL WHOM IT MAY CONCERN

WHEREAS, Cheryl Shames, a resident of Sarasota County, Florida, died on June 21, 2022, owning assets in the State of Florida, and

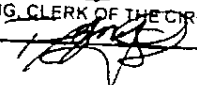
WHEREAS, Lisa Caller has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Lisa Caller duly qualified under the laws of the State of Florida to act as personal representative of the estate of Cheryl Shames, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on AUG 26 2022, 2022

  
The Honorable Charles E. Williams  
Circuit Court Judge



"STATE OF FLORIDA, COUNTY OF SARASOTA  
I hereby certify that the foregoing is a true and correct copy  
of pages 1 through 2 of the instrument filed in  
this office. The original instrument filed contains 2  
pages. No Order of Discharge has been filed as of this date.  
☒ This copy has no redactions. ☐ This copy has been  
redacted pursuant to law.  
Witness my hand and official seal this 31 day of  
August, 2022.  
KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT  
By:   
Deputy Clerk

# LAST WILL AND TESTAMENT

OF

**Cheryl Lynne Shames**

I, **Cheryl Lynne Shames**, residing in the Sarasota, State of Florida, do hereby make, publish and declare this my Last Will and Testament, hereby revoking and annulling any and all prior Wills and Codicils to Wills made by me heretofore.

## PART ONE GENERAL PROVISIONS

### ARTICLE ONE IDENTIFYING THE SIGNIFICANT PLAYERS

#### Section 1-1.01. Identification of Testator and Family

##### A. *My Identification*

My name is **Cheryl Lynne Shames**.

##### B. *My Family*

I am unmarried and have no children.

#### Section 1-1.02. My Personal Representatives

I hereby nominate and appoint **Lisa Caller**, as Personal Representative of this my Last Will and Testament. In the event **Lisa Caller** shall be unwilling or unable to serve or to continue to serve in that capacity, I nominate and appoint **Dr. Lydia G. Corn** as Personal Representative of this my Last Will and Testament.



## **PART ONE**

### **ARTICLE TWO ADMINISTERING MY ESTATE WHEN I DIE**

#### **Section 1-2.01. Payments for Taxes and Expenses**

I direct my Personal Representative, herein named, to pay from the residue of my estate as an administration expense thereof, all of my legally enforceable and duly presented debts, the expenses of my last illness, the cost of administration and, without apportionment (except that all such taxes and expenses shall be apportioned to property not intended to qualify for the Federal Estate Tax marital deduction), all State and Federal, estate, succession, inheritance and transfer taxes (excluding, however, any tax on any "generation-skipping transfer" imposed under Chapter 13 of the Internal Revenue Code of 1986, as amended, or a corresponding provision of State law) assessed by reason of my death, together with interest and penalties thereon, whether such taxes are imposed upon or with respect to any property which passes under the provisions of this Will or otherwise, or imposed upon or with respect to any recipient thereof (except such property as may be included in my estate for Federal Estate Tax purposes because I have a qualified terminable interest therein, in which case I reserve to my estate all recovery rights granted under §2207A of the said Code).

#### **Section 1-2.02. Apportionment**

It is my intention that the foregoing payments be made without apportionment and that all of my devisees, joint owners, appointees and beneficiaries of any insurance policy or policies on my life receive full benefit thereof without.

#### **Section 1-2.03. Elections**

The Personal Representatives shall make such elections under the tax laws as they deem advisable, without regard to the relative interests of the beneficiaries. No adjustment shall be made between principal and income or in the relative interests of the beneficiaries to compensate for the effect of elections under the tax laws made by my Personal Representative.

**PART TWO**  
**SPECIFIC DISPOSITIONS OF PROPERTY**

**ARTICLE ONE**  
**DISPOSITION OF TANGIBLE PERSONAL PROPERTY**

**Section 2-1.01.       Disposition of Items of Tangible Personal Property by Dated Writing**

I give and devise certain items of the tangible personal property owned by me at the time of my death in the manner and to the devisees described in the last dated writing made for this purpose and signed by me. If no such writing is found and properly identified by my Personal Representative within sixty (60) days after my Personal Representative's qualification, it shall be presumed that no such writing exists and any subsequently discovered writing shall be ignored.

**Section 2-1.02.       Disposition of Items of Tangible Personal Property Not Governed by Dated Writing**

I give and devise any items of my tangible personal property, including, but not limited to, my jewelry, articles of personal use, household furnishings and fixtures, silverware and any automobiles (including insurance policies thereon) but excluding, however, money, securities, and items used in the operation of a business or as a part of rental property not specified in the above-described writing (or all of my said tangible personal property in the event no such writing is properly identified in the manner above described) **Lisa Caller**.

**Section 2-1.03.       Delivery Expenses**

All expenses of storage (before distribution), packing, shipping, insurance, delivery and other reasonable and necessary charges in distributing these items are to be paid as an expense of administration of my estate.

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**Cheryl Lynne Shames Will**

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Advocates in Aging  
328 N. Rhodes Ave. Sarasota, Florida 34237

**PART TWO**

**ARTICLE TWO  
SPECIFIC BEQUESTS**

**Section 2-2.01. Specific Bequests**

- a. I hereby give and devise to **Jessica Cole** the sum of Ten Thousand Dollars \$10,000.00.
- b. I hereby give and devise to **Maureen Ryan Fyock** the sum of Ten Thousand Dollars \$10,000.00.
- c. I hereby give and devise to **Joe McEleavy** the sum of Ten Thousand Dollars \$10,000.00.
- d. I hereby give and devise to **Jolane Rutherford** the sum of Ten Thousand Dollars \$10,000.00.
- e. I hereby give and devise to **Heidi Minihkiem** the sum of Ten Thousand Dollars \$10,000.00.
- (CS) f. I hereby give and devise to <sup>Lori</sup>~~Laurie~~ **Phillips** the sum of Ten Thousand Dollars \$10,000.00.
- g. I give and devise to **Lisa Caller** my business known as Dynamics in Healing, Inc.

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**Cheryl Lynne Shames Will**

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Advocates in Aging  
328 N. Rhodes Ave. Sarasota, Florida 34237

**PART THREE**

**ARTICLE THREE  
RESIDUARY DISPOSITION**

**Section 3-3.01.        Residuary Distributions**

I give and devise all of the rest, residue and remainder of my estate, of whatever nature and wherever situate, including any property over which I may have testamentary power of disposition and any life insurance proceeds paid to my estate as follows:

- A.     I give and devise to **Lisa Caller** fifty percent (50%) of the residue of my estate.
- B.     I give and devise to **Dr. Lydia G. Corn** fifty percent (50%) of the residue of my estate.

## **PART FOUR**

### **ARTICLE ONE FIDUCIARY POWERS**

#### **Section 4-1.01.      Fiduciary's Powers**

I hereby direct that no bond shall be required of any of the herein named parties who may serve as my Personal Representative, and they shall each have full power and discretion to do any and all things necessary for the complete administration of my estate, all without prior court approval or authority, including, but not limited to, the powers and discretions afforded fiduciaries as provided in Chapters 733, 736 and 738, Florida Statutes, and in addition to retain such property for so long as they may deem advisable, to sell, transfer and convey real property, to abandon such property or to lease, mortgage or sell such property for cash or credit at public or private sale, to grant options, to lease real property regardless of the fact that the term of such lease may extend beyond the period of administration of my estate, and to compound, compromise or otherwise settle or adjust any and all claims, charges, debts and demands, whatsoever against or in favor of my estate, as fully as I could do if living; to distribute such property in cash or in kind or both and to value such property to the extent permitted by law, to invest in any property regardless of whether authorized by law for investment of trust funds, to borrow money from any lender, to settle claims, and to do all acts, although not specifically listed herein, deemed necessary and advisable for the proper management, investment and distribution of such property, all without order of court. No purchaser need see to the application of purchase money, but the receipt of my Personal Representative shall be a complete discharge and acquittance therefor.

**PART FIVE  
ADMINISTRATION AND CONSTRUCTION PROVISIONS**

**ARTICLE ONE  
ADMINISTRATION PROVISIONS**

**Section 5-1.01. Administration Provisions**

**A. Rules of Descent and Relationship**

1. **Effect of Adoption.** A legally adopted child (and any descendants of that child) will be regarded as a descendant of the adopting parent only if the petition for adoption was filed with the court before the child's fifteenth (15<sup>th</sup>) birthday. If the legal relationship between a parent and child is terminated by a court while the parent is alive, that child and that child's descendants will not be regarded as descendants of that parent. If a parent dies and the legal relationship with that deceased parent's child had not been terminated before that parent's death, the deceased parent's child and that child's descendants will continue to be regarded as descendants of the deceased parent even if the child is later adopted by another person.

2. **Infant in Gestation.** For all purposes of this Instrument, an infant in gestation who is later born alive will be deemed to be in being during the period of gestation for the purpose of qualifying the infant, after it is born, as a member of a class of beneficiaries under this Instrument.

3. **Marital Relationships.** The following rules apply to each person who is a Beneficiary or a permissible appointee of a power of appointment granted under this Instrument or any trust established hereunder and who is also a spouse of a descendant of mine. Such a person will cease to be a Beneficiary and will be excluded from the class of permissible appointees if such person would not be considered a spouse as defined below. In such case, this Instrument shall be administered as if that person had died upon the happening of the terminating event described above.

**B. Perpetuities Provision**

Despite any contrary provisions of this Instrument, from the date of my death and for up to the perpetuities provision hereinafter set forth, a trust Beneficiary (which includes persons succeeding to the interest of a deceased Beneficiary) will be entitled to terminating distributions only at the ages and in the manner specified in this Will. In all events, however, and despite any contrary provision of this Instrument, the share of each Beneficiary will vest (in the Beneficiary or his or her estate) and be paid over immediately prior to the expiration of the longest period allowed under Florida Statutes Section 689, as amended. To the extent allowed by law, such trust shall be modifiable non-judicially under Section 736.0412 of the Florida Statutes, as amended.

**PART FIVE**  
**ARTICLE TWO**  
**CONSTRUCTION**

**Section 5-2.01.                    Gender and Number**

Reference in this Instrument to any gender includes either masculine or feminine, as appropriate, and reference to any number includes both singular and plural where the context permits or requires. Use of descriptive titles for Parts, Articles, Sections and Paragraphs is for the purpose of convenience only and is not intended to restrict the application of those provisions. The masculine, feminine or neuter and the singular and plural shall include the others as appropriate. Unless otherwise specified to the contrary, reference to a particular section of any code, statute or regulation includes any successor thereto and amendment thereof.

**Section 5-2.02.                    Intentional Omission**

I have intentionally omitted to provide in this Instrument for any person or persons not mentioned herein who, if I had died intestate, would be entitled to share in my estate as an heir at law or otherwise.

**Section 5-2.03.                    Headings**

The headings of this Will are inserted solely for convenient reference and shall be ignored in matters of interpretation.

**Section 5-2.04.                    Severability**

If any provision of this document is unenforceable, the remaining provisions shall, nevertheless, be carried into effect.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this my Last Will and Testament consisting of ten (10) typewritten pages, this 27 day of May, 2022.

Cheryl Lynne Shames  
Cheryl Lynne Shames, Testator

The foregoing instrument was signed, sealed, declared and published by the said Cheryl Lynne Shames as and for her Last Will and Testament, in the presence of us the undersigned who at her special instance and request, do hereby attest as witnesses after said Testator signed her name thereto, and in her presence and in the presence of each other, at Sarasota County, State of Florida, this 27<sup>th</sup> day of May, 2022.

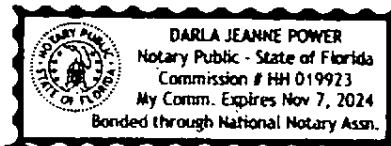
WITNESSES:

Sign Name Wolfgang residing at Sarasota County, FL

Print Name: Wolfgang

Sign Name Taylor residing at Sarasota County, FL

Print Name: Taylor



Darla Jeanne Power  
DARLA JEANNE POWER

---

Cheryl Lynne Shames Will

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Law Office of Wiesner|Smith  
Advocates in Aging  
328 N. Rhodes Ave. Sarasota, Florida 34237



STATE OF FLORIDA  
COUNTY OF SARASOTA

I, **Cheryl Lynne Shames**, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my Will.

Cheryl Lynne Shames  
Cheryl Lynne Shames, Testator

We, Wolf A. Wenholt, and Taylor Anderson, have been sworn by the officer signing below, and declare to that officer on our oaths that the Testator declared the instrument to be the Testator's Will and signed it in our presence and that we each signed the instrument as a witness in the presence of the Testator and of each other.

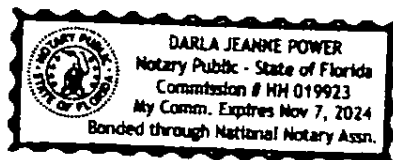
Wolf A. Wenholt  
Witness Sign Above:  
Print Name: Wolf A Wenholt

Taylor Anderson  
Witness Sign Above:  
Print Name: Taylor Anderson

Acknowledged and subscribed before me, by means of ☒ physical presence or ☐ online notarization, by the Testator, **Cheryl Lynne Shames**, who is ☒ personally known to me or ☐ who has produced \_\_\_\_\_ as identification; and sworn to and subscribed before me by the witnesses,

Wolf A. Wenholt, who is ☒ personally known to me or ☐ who has produced \_\_\_\_\_ as identification; and

Taylor Anderson, who is ☒ personally known to me or ☐ who has produced \_\_\_\_\_ as identification, and subscribed by me in the presence of the Testator and the subscribing witnesses, all on the 27<sup>th</sup> day of May, 2022.



Darla Jeanne Power  
Name: DARLA JEANNE POWER  
Notary Public, State of Florida  
My Commission Expires: 11/7/2024  
Commission No.: HH 019923

**Cheryl Lynne Shames Will**  
Page 10 of 10 Pages

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Advocates in Aging  
328 N. Rhodes Ave. Sarasota, Florida 34237