



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2018 AUG 27 PM 3:15

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## Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

<p>1. Entity ID Number:</p> <p><b>959409</b></p>	<p>2. The name of the corporation is:</p> <p><b>LEONARD E. WALKER SR. GOLF TOURNAMENT</b></p>										
<p>3. If the entity's name is changing, state the new name: <b>WALKER FAMILY SCHOLRSHIP FUND</b></p> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>											
<p>4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b></p> <p><input checked="" type="checkbox"/> Perpetual (on-going)</p> <p><input type="checkbox"/> Date certain for dissolution _____</p> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>											
<p>5. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i></p>          <p>Check the box to indicate an attachment <input type="checkbox"/></p> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>											
<p>6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section:</p> <p><i>*List ALL directors as of this amendment</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Check the box to indicate an attachment <input type="checkbox"/></p> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>		NAME	ADDRESS								
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### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

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3.18

STAMP

7. If adding or amending additional provisions, complete the following section:

CHANGE OFFICER'S NAMES TO:

LEONARD E. WALKER, JR. PRESIDENT, AND  
FRANK R. WALKER, III, VICE PRESIDENT

Check the box to indicate an attachment ☐

Check the box to indicate no change ☐

8. The amendment was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☒ The amendment was adopted at a meeting of the members held on JUNE 17, 2017, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The amendment was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.
- ☐ The amendment was adopted at a meeting of the Board of Directors held on \_\_\_\_\_, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

- ☒ Date received (Upon filing)
- ☐ Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print the Name of the Non-Profit Corporation

WALKER FAMILY SCHOLARSHIP FUND

Type or Print Name of the President ☐ OR Vice President ☒

FRANK R. WALKER III

Date

7/1/18

Signature of President OR Vice President

*Frank R. Walker III*  
SIGN DOCUMENT HERE

Type or Print Name of the Secretary ☒ OR Assistant Secretary ☐

ARLINE L. WALKER

Date

7/1/18

Signature of the Secretary OR Assistant Secretary

*Arline L. Walker*

SIGN DOCUMENT HERE

**TWO SIGNATURES ARE REQUIRED**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 201 - Revised: 11/2017



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

August 27, 2018 03:18 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

