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EXAMINER



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COVER LETTER

TQ :	Registration So Division of Co	ection , rporations				
SUBJECT: Davidson Energy Family Trust, LLC						
		Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
	Joseph A. Porrello					
	Name of Person					
	Joseph A. Porrello, P.A.					
			Firm/Company			
			P.O. Box 450249			
			Address			
			Miami, Florida 33245			
			City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For furthe	er information of	concerning this matter, please of	call:			
	Jose	eph A. Porrello	at (305)	374-0092		
	Name o	of Person	Area Code & Da	sytime Telephone Number		
Enclosed	is a check for t	he following amount:				
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)		
Registration Division of		ING ADDRESS:		URIER ADDRESS:		
		on of Corporations	Registration S Division of Co	orporations		
		ox 6327 assee, FL 32314	Clifton Buildin 2661 Executiv	e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uavidson Ene	rgy Family Trus	SI, LLU		
(Name of the Limited Liability C (A Florida Lin	nited Liability Compar	y)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on _	December 10, 2009	and a	ssigned
Piorida document number	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> :		
Davidson Family Ma	anagement Comp	any, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Co	mpany," the designation "L	LC" or the	abbreviatio
Enter new principal offices address, if applicable:		12: 49:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>			
				<u> </u>
		•	- <u> </u>	200
Enter new mailing address, if applicable:		way a ges	22	F SARA
(Mailing address MAY BE A POST OFFICE BOX)			3	≅ू च
	, , ,			
	 		9	\$ m
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		on our records, enter th	1e name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Cod	de

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		•	
			Add
			Remove
			Add
			Remove
			
			□ Add
			Remove
	44.20		Add Remove
		<u></u>	□Add □Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			
			_
			
			
Dated	1-15 20.	10	
Dated		· ·	
		or authorized representative of a member	
		niel L. Davidson	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00