City of Austin

AHFC Meeting Backup: January 30, 2025 File ID: 25-0029

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



This space reserved for office use.

EXHIBIT A

Certificate of Amendment

Entity Information

The name of the filing entity is:

AHFC Drowsy Willow Non-Profit Corporation

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

☐ For-profit Corporation	☐ Professional Corporation
	Professional Limited Liability Company
Cooperative Association	Professional Association
Limited Liability Company	Limited Partnership

The file number issued to the filing entity by the secretary of state is: 805629396

The date of formation of the entity is: 07/18/2024

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

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		ered Agent		
(Complete either A or B, but not both. Also complete C.)				
A. The registered agent is an organization (cannot be entity named above) by the name of:				
OR B. The registered agent is an individual resident of the state whose name is:				
First Name	M.I.	Last Name		Suffix
The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.				
C. The business address of the registered agent and the registered office address is:				
			TX	
Street Address (No P.O. Box)		City	State	Zip Code
3. Other Added, Altered, or Deleted Provisions				
Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.				
Text Area (The attached addendum, if any, is incorporated herein by reference.)				
Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:				

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Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

City of Austin AHFC Meeting Backup: January 30, 2025 Article 5 - Purpose is deleted in its entirety and replaced with the following:	File ID: 25-0029			
Article 5 - Purpose				
AHFC Drowsy Willow Non-Profit Corporation is established to aid Austin Housing Finance Corporation (AHFC), a public instrumentality, in performing AHFC's essential governmental functions and duties on behalf of and for the benefit of the general public, the City of Austin, and the State of Texas, by developing and fostering affordable rental housing for low and very low-income households in the City of Austin, specifically by (i) serving as the managing member of a limited liability company, or as the general partner of a limited partnership, that will develop, own, maintain, manage, operate, and sell residential units in a Community Land Trust consisting of approximately 38 affordable, ownership units located at or near 5901 Drowsy Willow Trail, Austin, Texas 78744 (Development), and (ii) serving as a general contractor for the construction of the Development.				
AHFC Drowsy Willow Non-Profit Corporation may engage in any lawful act or activity and exercise any power permitted to a nonprofit corporation organized under the laws of the State of Texas that is related or incidental to and necessary, convenient, or advisable for the accomplishment of the foregoing purposes.				
The nonprofit corporation is formed pursuant to Chapter 22, Texas Business Organizations Code (Nonprofit Corporations). AHFC will direct the nonprofit corporation to aid AHFC in performing its essential governmental functions in accordance with Chapter 394 of the Texas Local Government Code (Housing Finance Corporations in Municipalities and Counties).				
☐ Delete each of the provisions identified below from the certificate of formation.				
Statement of Approval				
The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.				
Effectiveness of Filing (Select either A, B, or C.)				
A. This document becomes effective when the document is filed by the secretary of state.				

A. This document becomes effective when the document is filed by the secretary of state.		
B. This document becomes effective at a later date, which is not more than ninety (90) days from		
the date of signing. The delayed effective date is:		
C. This document takes effect upon the occurrence of a future event or fact, other than the		
passage of time. The 90 th day after the date of signing is:		
The following event or fact will cause the document to take effect in the manner described below:		

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Execution

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The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date:		
	By:	
		Signature of authorized person
		Mandy DeMayo, Vice President
		Printed or typed name of authorized person (see instructions)