

**SECOND AMENDMENT TO AGREEMENT #11139  
BETWEEN ALACHUA COUNTY AND SANTANGINI APPRAISALS, LLC  
FOR ANNUAL APPRAISAL SERVICES**

THIS SECOND AMENDMENT TO AGREEMENT #11139 , made and entered into this 1st day of JUNE 2021, by and between Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as "County", and Santangini Appraisals, LLC, a Florida Limited Liability Company with a principle business address of 1109 NW 23<sup>rd</sup> Avenue, Suite B, Gainesville, FL 32609, hereinafter referred to as "Professional". Collectively the County and the Professional are hereinafter referred to as the "Parties".

**WITNESSETH:**

**WHEREAS**, in 2018, County issued RFP #19-224 seeking qualified Professionals to furnish Annual Appraisal Services, in Alachua County, Florida; and

**WHEREAS**, after evaluating and considering all timely responses to RFP #19-224, the County identified the Professional as one of the top three ranked firms; and

**WHEREAS**, pursuant to RFP #19-224 the Parties hereto previously entered into the *Agreement for Professional Services between Alachua County and Santangini Appraisals, LLC*, dated December 11, 2018 (the "Agreement") for the provision of **Annual Appraisal Services**; and

**WHEREAS**, the Parties previously entered into the First Amendment to the Agreement, dated September 24, 2019 (the "First Amendment") through which the County has elected to exercise its first option to renew the Term of the Agreement for a two-year period commencing October 1, 2019 through September 30, 2021 ("First Renewal Option Term"); and

**WHEREAS**, the County has elected to exercise its second option to renew the Term of the Agreement for a two-year period commencing October 1, 2021 through September 30, 2023 ("Second Renewal Option Term"), to reflect the increase to the Alachua County Minimum Wage as mandated by the Wage Ordinance, and to add a clause which defines and allows electronic signatures and to add a clause which acknowledges the employment eligibility requirements via the U.S. Department of Homeland Security E-Verify System as set forth herein.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree to amend the Agreement as follows:

1. Paragraph #1 of the Agreement, **Term**, is amended and replaced in its entirety to read:

1.1 The County has elected to exercise its second option to renew the Term of the Agreement. Accordingly, the Term of the Agreement is renewed for the period of October 1, 2021 through and ending September 30, 2023 (the “Second Renewal Option Term), unless earlier terminated as provided herein.

1.2 The County's performance and obligation to pay under this Agreement is contingent upon a specific annual appropriation by the Alachua County Board of County Commissioners (“Board”). The Parties hereto understand that this Agreement is not a commitment of future appropriations. Therefore, the continuation of this Agreement beyond the end of any fiscal year shall be subject to both the appropriation and the availability of funds in accordance with Chapter 129, Florida Statutes, and that the failure of the Board to do so shall not constitute a breach or default of this Agreement.

2. Paragraph #6 of the Agreement, **Alachua County Minimum Wage**, is hereby amended to reflect a reference change, from Chapter 22, Article III of the Alachua County Code of Ordinances to Chapter 22, Article XII.

3. Paragraph #6 of the Agreement, **Alachua County Minimum Wage**, subparagraph 6.1, as previously amended is further amended in its entirety to read:

6.1 Current required Alachua County Government Minimum Wage is \$15.00 per hour when health benefits are provided at the equivalent value of \$2.00 per hour and \$17.00 when health benefits are not provided (collectively, the “Minimum Wage

4. Paragraph #32 of the Agreement, **Electronic Signatures**, is added as follows:

**32. Electronic Signatures.** The Parties agree that an electronic version of this Agreement shall have the same legal effect and enforceability as a paper version. The Parties further agree that this Agreement, regardless of whether in electronic or paper form, may be executed by use of electronic signatures. Electronic signatures shall have the same legal effect and enforceability as manually written signatures. The County shall determine the means and methods by which electronic signatures may be used to execute this Agreement and shall provide the Contractor with instructions on how to use said method. Delivery of this Agreement or any other document contemplated hereby bearing an manually written or electronic signature by facsimile transmission (whether directly from one facsimile device to another by means of a dial-up connection or whether mediated by the worldwide web), by electronic mail in “portable document format” (“.pdf”) form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

5. Paragraph #33 of the Agreement, **U.S. Department of Homeland Security E-Verify System**, is added as follows:

**33. U.S. Department of Homeland Security E-verify System.**

33.1 The Contractor/Professional shall utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Contractor/Professional during the term of the Agreement. The E-verify system is located at <https://www.uscis.gov/e-verify>.

33.2 The Contractor/Professional shall expressly require any subcontractors performing work or providing services pursuant to the County’s Agreement to utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the term of the Agreement. The E-verify system is located at <https://www.uscis.gov/e-verify>.

6. This Second Amendment shall take effect October 1, 2021, after execution by both Parties.

7. **SAVE and EXCEPT** as expressly amended herein, all other terms and provisions of the original Agreement, including any previous amendment thereto, shall be and remain in full force and effect. In the event of any conflict between this Second Amendment and the First Amendment, the terms of this Second Amendment shall prevail.

**IN WITNESS WHEREOF**, the Parties have caused this Second Amendment to Agreement to be executed for the uses and purposes therein expressed on the day and year first above-written.

**ALACHUA COUNTY, FLORIDA**

By: \_\_\_\_\_  
Ken Cornell, Chair  
Board of County Commissioners  
Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
J.K. “Jess” Irby, Esq. Clerk

**APPROVED AS TO FORM**  
DocuSigned by:  
*Diana Johnson*  
9E797AC46776481...  
\_\_\_\_\_  
Alachua County Attorney's Office

(SEAL)

**PROFESSIONAL**

By: *Laura Rutan*  
Print: Laura Rutan  
Title: Manager Santangini Appraisals LLC  
Date: 6/1/21



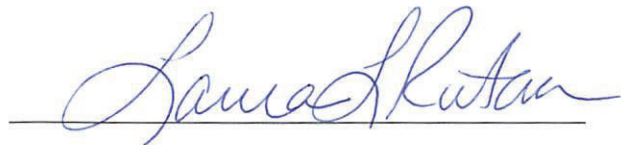
DAVID EDWARDS  
Commission # GG 143097  
Expires September 14, 2021  
Bonded Thru Budget Notary Services

## CERTIFICATE OF INCUMBENCY

I, **Laura L. Rutan**, the manager of **Santangini Appraisals, LLC**, a Florida Limited Liability Company, hereby acknowledge and certify the following:

- 1) That I am qualified to execute this Certificate of Incumbency on behalf of Santangini Appraisals, LLC, and have access to all documentation for this Florida Limited Liability Company;
- 2) The principal place of business for Santangini Appraisals, LLC, is 1109 NW 23<sup>rd</sup> Avenue, Suite B, Gainesville, Florida 32609; and
- 3) That the following named individual has been duly designated and appointed to the office indicated.

In witness wherefore, I have hereunto subscribed my name on June 1, 2021.

A handwritten signature in blue ink, reading "Laura L. Rutan", is written over a horizontal line.

Laura L. Rutan

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2021**  
**Secretary of State**  
**1117361619CC**

DOCUMENT# L16000133327

**Entity Name:** SANTANGINI APPRAISALS, LLC

**Current Principal Place of Business:**

1109 NW 23RD AVENUE, SUITE B  
GAINESVILLE, FL 32609

**Current Mailing Address:**

1109 NW 23RD AVENUE, SUITE B  
GAINESVILLE, FL 32609 US

**FEI Number:** 81-3313269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUTAN, LAURA L  
1109 NW 23RD AVENUE, SUITE B  
GAINESVILLE, FL 32609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUTAN, LAURA L  
Address 1109 NW 23RD AVENUE, SUITE B  
City-State-Zip: GAINESVILLE FL 32609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANTANGINI APPRAISALS LLC LAURA RUTAN

**MGR**

**01/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/2/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Darr Schackow Insurance Agency LLC</b> 5200-B West Newberry Road Gainesville, FL 32607	CONTACT NAME: <b>John Darr</b> PHONE (A/C, No, Ext): <b>(352) 338-0552</b>	FAX (A/C, No): <b>(352) 376-5741</b>
	E-MAIL ADDRESS: <b>jdarr@darrschackowinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : <b>Allied Insurance Co of America</b>	
	NAIC # <b>10127</b>	
INSURED  <b>Santangini Appraisals, LLC</b> 1109 NW 23rd Ave., Ste B Gainesville, FL 32609	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES                                  CERTIFICATE NUMBER:                                  REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X		ACP3048081648	2/9/2021	2/9/2022	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>	
	X Business Owners						MED EXP (Any one person) \$ <b>5,000</b>	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
							GENERAL AGGREGATE \$ <b>2,000,000</b>	
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>	
							\$	
A	AUTOMOBILE LIABILITY			ACP3048081648	2/9/2021	2/9/2022	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$	
	X HIRED AUTOS ONLY						X SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
							X NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED						RETENTION \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
A	Business Owners			ACP3048081648	2/9/2021	2/9/2022	E.L. DISEASE - POLICY LIMIT \$	
A	Business Owners			ACP3048081648	2/9/2021	2/9/2022	Personal Property <b>49,500</b>	
							Deductible <b>1,000</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Alachua County and Alachua County Board of County Commissioners are additional insured with regard to General Liability when required by written contract.

CERTIFICATE HOLDER  <b>Alachua County and Alachua County Board of County Commissioners</b> 12 SE 1st Street Gainesville, FL 32601	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

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<b>PRODUCER</b> Sunshine State Insurance 1111 NW 23rd Avenue  Gainesville FL 32609	<b>CONTACT NAME:</b> David Edwards <b>PHONE (A/C, No, Ext):</b> (352) 371-9696 <b>FAX (A/C, No):</b> (352) 373-7489 <b>E-MAIL ADDRESS:</b> connye@sunshinestateinsurance.com														
<b>INSURED</b> Santangini Appraisals LLC 1109 NW 23rd Ave Suite B Gainesville FL 32609	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> FIRSTCOMP INS CO</td> <td style="text-align: center;">27626</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> FIRSTCOMP INS CO	27626	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Alachua County Board of Commissioners 12 SE 1st St  Gainesville FL 32601	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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State of Florida

Woman Business Certification

SANTANGINI APPRAISALS LLC

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:  
05/31/2021 to 05/31/2023



Jonathan R. Satter, Secretary  
Florida Department of Management Services

