

**FIRST AMENDMENT TO AGREEMENT NO. 11407 BETWEEN ALACHUA COUNTY AND
GEOSYNTEC CONSULTANTS, INC FOR ANNUAL ENVIRONMENTAL CONSULTING
SERVICES**

THIS FIRST AMENDMENT TO AGREEMENT, made and entered into this 8th day of September A.D. 2020, 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 Geosyntec Consultants with a business address of 900 Broken Sound Parkway NW, Suite 200, Boca Raton, FL 33487, hereinafter referred to as "Professional". Collectively hereinafter County and Professional referred to as "Parties"

WITNESSETH:

WHEREAS, pursuant to Request for Proposal (RFP #20-171 the parties hereto previously entered into the *Agreement for Professional Services between Alachua County and Geosyntec Consultants, Inc.*, (the "Agreement") dated October 8, 2019 , for the provision of **Annual Environmental Consulting Services**; and,

WHEREAS, the County has elected to exercise its first option to renew the Term of the Agreement for a two year period commencing October 1, 2020 through September 30, 2022 ("First Renewal Option Term"); and

WHEREAS, the County desires to update and replace the Work Order at **Exhibit 2A** of the Agreement and the Work Order Amendment at **Exhibit 2B**

NOW, THEREFORE, the Parties hereby agree to amend the Agreement as follows:

A. SECTION # 1 of the Agreement, **Term**, sub-section 1.1 is amended in its entirety to read:

1.1 The County has elected to exercise its first option to renew the Term of the Agreement. Accordingly, the Term of the Agreement is renewed for the period of October 1, 2020 through and ending September 30, 2022 (the "First Renewal Option Term"), unless earlier terminated as provided herein. The County has the option of renewing this Agreement for one (1) additional two (2) year period at the same terms and conditions outlined herein


B. Exhibit #2A and 2B of the Agreement, **Work Order** and **Work Order** Amendment respectively, referenced in sub-section 5.2 of the Agreement, are hereby deleted in their entirety and replaces with new **Exhibits 2A and 2B** attached to this Amendment.

C. This FIRST amendment shall take effect October 1, 2020

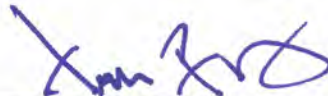
SAVE and EXCEPT as expressly amended herein, all other terms and provisions of the Agreement shall be and remain in full force and effect.

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

By: 
Robert Hutchinson, Chair
Board of County Commissioners
Date: September 8, 2020

ATTEST:

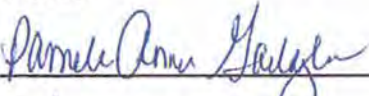

J.K. "Jess" Irby, Esq. Clerk

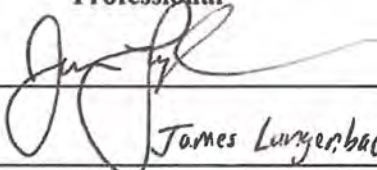
APPROVED AS TO FORM


Alachua County Attorney's Office

(SEAL)

WITNESS

By: 
Print: Pamela Anne Gallagher
Title: Office Manager

Professional
By: 
Print: James Lurgenbach
Title: Sr. Principal/Vice President
Date: March 4, 2020

INCORPORATED OR ARE OTHERWISE NOT A NATURAL PERSON, PLEASE PROVIDE A CERTIFICATE OF INCUMBANCY AND AUTHORITY, OR A CORPORATE RESOLUTION, LISTING THOSE AUTHORIZED TO EXECUTE AGREEMENTS. IF A NATURAL PERSON, THEN YOUR SIGNATURE SHOULD BE NOTARIZED. SAMPLE FORMATS FOR NOTARY ARE AVAILABLE ON THE INTRANET UNDER THE PURCHASING/PROCUREMENT SECTION.

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G72454

Entity Name: GEOSYNTEC CONSULTANTS, INC.**Current Principal Place of Business:**900 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487**Current Mailing Address:**900 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US**FEI Number:** 59-2355134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
900 BROKEN SOUND PARKWAY, NW
SUITE 200
BOCA RATON, FL 33487 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:** LAUREN MARSHALL

02/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXEC. VP
Name SANGLERAT, THIERRY
Address 2100 MAIN ST., STE 150
City-State-Zip: HUNTINGTON BEACH CA 92648

Title EVP, CFO, DIRECTOR
Name DICKINSON, JON S
Address 900 BROKEN SOUND PKWY, NW, #200
City-State-Zip: BOCA RATON FL 33487

Title VP, ASST. SECRETARY
Name BEECH, JOHN F
Address 1255 ROBERTS BLVD NW, STE. 200
City-State-Zip: KENNESAW GA 30144

Title VP
Name HOULIHAN, MIKE
Address 10211 WINCOPIN CIRCLE
FL. 4
City-State-Zip: COLUMBIA MD 21044

Title PRESIDENT AND CEO
Name ZEEB, PETER
Address 289 GREAT ROAD, SUITE 105
City-State-Zip: ACTON MA 01720

Title CHAIRMAN OF THE BOARD,
DIRECTOR
Name BONAPARTE, RUDOLPH
Address 2002 SUMMIT BLVD., NE, STE. 885
City-State-Zip: BROOKHAVEN GA 30319

Title VP, DIRECTOR
Name SUSILO, KEN
Address 3415 S. SEPULVEDA BLVD, SUITE 500
City-State-Zip: LOS ANGELES CA 90034

Title VP
Name RAGAIN, SEAN
Address 621 SW MORRISON ST,
SUITE 600
City-State-Zip: PORTLAND OR 97205

Continues on page 2

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORDAN RATTRAY

ASST SECRETARY

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name COX, EVAN
Address 130 STONE ROAD, W.
City-State-Zip: GUELPH ONTARIO N1G3Z2

Title VP
Name HAGEMEYER, TODD
Address 1255 ROBERTS ROAD
City-State-Zip: KENNESAW GA 30342

Title VP, DIRECTOR
Name STAUB, MARGARET
Address 5670 GREENWOOD PLAZA BLVD.
SUITE 540
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP, ASST. SECRETARY
Name LARSON, DOUG
Address 289 GREAT ROAD
SUITE 202
City-State-Zip: ACTON MA 01720

Title VP
Name DEFLAUN, MARY
Address 7 GRAPHICS DRIVE, SUITE 106
City-State-Zip: EWING NJ 08628

Title VP
Name SANCIO, RODOLFO
Address 10777 WESTHEIMER RD.
SUITE 900
City-State-Zip: HOUSTON TX 77042

Title VP
Name GROSS, BETH
Address 8217 SHOAL CREEK
SUITE 200
City-State-Zip: AUSTIN TX 78757

Title VP
Name STOUT, JIM
Address 10777 WESTHEIMER BLVD.
SUITE 900
City-State-Zip: HOUSTON TX 77042

Title VP, ASST. SECRETARY
Name RATTRAY, JORDAN
Address 1111 BROADWAY
6TH FLOOR
City-State-Zip: OAKLAND CA 94607

Title VP, DIRECTOR
Name MCMASTER, MICHAYE
Address 130 STONE ROAD, W.

Title EXEC. VP, ASST. SECRETARY
Name PEEL, TOM
Address 900 BROKEN SOUND PARKWAY, NW
SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title VP
Name GRIVETTI, MARK
Address 924 ANACAPA ST.
SUITE 4A
City-State-Zip: SANTA BARBARA CA 93101

Title VP
Name OTHMAN, MAJDI A
Address 1255 ROBERTS BLVD., NW
SUITE 200
City-State-Zip: KENNESAW GA 30144

Title VP
Name BRANDT, RANDY
Address 1111 BROADWAY ST.
6TH FLOOR
City-State-Zip: OAKLAND CA 94607

Title VP
Name LANGENBACH, JIM
Address 6770 SOUTH WASHINGTON AVE.
SUITE 3
City-State-Zip: TITUSVILLE FL 32780

Title VP
Name RAY, MCDIRMIT
Address 900 BROKEN SOUND PARKWAY NW
SUITE 200
City-State-Zip: BOCA RATION FL 33487

Title VP
Name SCHAUER, DAN
Address 900 BROKEN SOUND PARKWAY NW
SUITE 200
City-State-Zip: BOCA RATION FL 33487

Title VP
Name NILAND, JOE
Address 3043 GOLD CANAL DRIVE
SUITE 201
City-State-Zip: RANCHO CORDOVA CA 95670

Title VP
Name D'ALESSANDRO, MICHAEL
Address 2002 SUMMIT BLVD.
SUITE 885
City-State-Zip: ATLANTA GA 30319

Title DIRECTOR, VP, TREASURER
Name LUCAS, DEMELO

City-State-Zip: GUELPH ONTARIO N1G3Z2

Title DIRECTOR

Name DEEB, RULA

Address 1111 BROADWAY, 6TH FL.

City-State-Zip: OAKLAND CA 94607

Title VP

Name DURANT, NEAL

Address 1220 19TH STREET,
STE. 210

City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR, VP, SECRETARY

Name CORCORAN, GREG

Address 16644 WEST BERNARDO DRIVE, SUITE 301

City-State-Zip: SAN DIEGO CA 92127

Title VP

Name GRIFFIN, LESLIE

Address 1255 ROBERTS BLVD., NW, STE. 200

City-State-Zip: KENNESAW GA 30144

Title VP

Name JOHNSON, RON

Address 2355 NORTHSIDE DRIVE, STE. 250

City-State-Zip: SAN DIEGO CA 92108

Title VP

Name MINCH, MIKE

Address 1111 BROADWAY, 6TH FL.

City-State-Zip: OAKLAND CA 94607

Title VP

Name PETROPOULOU, CHRISO

Address 134 NORTH LASALLE ST., SUITE 300

City-State-Zip: CHICAGO IL 60602

Title VP

Name WEEKS, NANDRA

Address 1200 RIVERPLACE BLVD., STE. 710

City-State-Zip: JACKSONVILLE FL 32207

Address 10211 WINCOPIN CIRCLE
FL. 4

City-State-Zip: COLUMBIA MD 21044

Title VP

Name BARNES, ANDREW

Address 2100 MAIN ST.
SUITE 150

City-State-Zip: HUNTINGTON BEACH CA 92648

Title VP

Name ELDER, CARL

Address 289 GREAT RD.
SUITE 202

City-State-Zip: ACTON MA 01720

Title VP

Name DE HAVEN, PETER

Address ATRIUM AT BLUE RIDGE 2501, BLUE
RIDGE RD, STE 430

City-State-Zip: RALEIGH NC 27607

Title VP

Name HANNA, MARK

Address 448 SOUTH HILL STREET, SUITE 1008

City-State-Zip: LOS ANGELES CA 90013

Title VP

Name LAMBERT, MICHAEL

Address 930 HARVEST DRIVE, SUITE 220

City-State-Zip: BLUE BELL PA 19422

Title VP

Name MONTGOMERY, ANDREW

Address 1255 ROBERTS BLVD., NW, STE. 200

City-State-Zip: KENNESAW GA 30144

Title VP

Name PETTY, BRIAN

Address 2100 MAIN ST., SUITE 150

City-State-Zip: HUNTINGTON BEACH CA 92648

Title VP

Name WILLIAMS, SAM

Address 16644 WEST BERNARDO DRIVE,
SUITE 301

City-State-Zip: SAN DIEGO CA 92127

EXHIBIT 2A: WORK ORDER

WORK ORDER NO: _____
CONTRACT #: _____
PROJECT DESCRIPTION: _____
DATE ISSUED: _____
COMPLETION DATE: _____
PROFESSIONAL: _____
COUNTY TASK MANAGER: _____
SIGNATURE: _____
FUND#: _____

Execution of the Work Order by County shall serve as authorization for the Professional to provide for the above project, professional services as set out in the Scope of Services attached as Exhibit "A," to that certain Agreement of _____ between the County and the Professional and further delineated in the specifications, conditions, and requirements stated in the following listed documents which are attached hereto and made a part hereof.

ATTACHMENTS:

- ☐ drawings/plans/specifications
- ☐ scope of services
- ☐ special conditions
- ☐ _____

The Professional shall provide said services pursuant to this Work Order, its attachments and the above-referenced Agreement, which is incorporated herein by reference as if it had been set out in its entirety. Whenever the Work Order conflicts with said Agreement, the Agreement shall prevail.

TIME FOR COMPLETION: The work authorized by this Work Order shall be commenced upon ☐ the date written above or upon issuance of a ☐ Notice to Proceed by County and shall be completed within _____ (____) calendar days.

METHOD OF COMPENSATION:

- (a) This Work Order is issued on a:
- ☐ fixed fee basis
 - ☐ time basis method with a not-to-exceed amount
 - ☐ time basis method with a limitation of funds amount
- (b) If the compensation is based on a "Fixed Fee Basis," then the Professional shall perform all work required by this Work Order for the sum of _____ DOLLARS (\$ _____ - _____). In no event shall the Professional be paid more than the Fixed Fee Amount.
- (c) If the compensation is based on a "Time Basis Method" with a Not-to-Exceed Amount, then the Professional shall perform all work required by this Work Order for a sum not exceeding _____

_____ DOLLARS (\$ _____). The Professional's compensation shall be based on the actual work required by this Work Order.

(d) If the compensation is based on a "Time Basis Method" with a Limitation of Funds Amount, then the Professional is not authorized to exceed the Limitation of Funds amount of _____ - _____ DOLLARS (\$ _____) without prior written approval of the County. Such approval, if given by the County, shall indicate a new Limitation of Funds amount. The Professional shall advise the County whenever the Professional has incurred expenses on this Work Order that equals or exceeds eighty percent (80%) of the Limitation of Funds amount. The County shall compensate the Professional for the actual work performed under this Work Order.

The County shall make payment to the Professional in strict accordance with the payment terms of the above-referenced Agreement.

It is expressly understood by the Professional that this Work Order, until executed by the County, does not authorize the performance of any services by the Professional and that the County, prior to its execution of the Work Order, reserves the right to authorize a party other than the Professional to perform the services called for under this Work Order if it is determined that to do so is in the best interest of the County.

IN WITNESS WHEREOF, the parties hereto have made and executed this Work Order on this _____ day of _____, 20____, for the purposes stated herein.

Witness

PROFESSIONAL:

By: _____

Signature

Title: _____

Print Name and Title

Date: _____

ALACHUA COUNTY, FLORIDA

By: _____

Environmental Protection Department

Director

Date: _____

EXHIBIT 2B: WORK ORDER AMENDMENT

WORK ORDER NO: _____
WORK ORDER AMENDMENT #: _____
CONTRACT #: _____
PROJECT DESCRIPTION: _____
DATE ISSUED: _____
PROFESSIONAL: _____
COUNTY TASK MANAGER: _____
SIGNATURE: _____
FUND#: _____

PROJECT CHANGES: _____

NEW COMPLETION DATE: _____

Original Work Order Price: _____

Total of Prior Approved Changes: _____

Amount of this Change in Work Order: _____

Add or (deduct): _____

New Work Order Price with This Amendment: _____

ALACHUA COUNTY:

By: _____

Environmental Protection
Department Director

Date: _____

PROFESSIONAL:

By: _____

Print Name/Title

Date: _____