

FIRST AMENDMENT

This Amendment made and entered into this 21 day of September, 2018 by and between Pinellas County, a political subdivision of the State of Florida, hereinafter referred to as "County," and DRC Emergency Services, LLC, New Orleans, FL hereinafter referred to as "Contractor," (individually referred to as "Party", collectively "Parties").

WITNESSETH:

WHEREAS, the County and the Contractor entered into an agreement on August 7, 2017, pursuant to Pinellas County Contract No. 156-0491-P (hereinafter "Agreement") pursuant to which the Contractor agreed to provide Disaster Debris Collection and Removal Services for County; and

WHEREAS, Section 3(C) of the Agreement permits modification by mutual written agreement of the parties; and

WHEREAS, the County and the Contractor now wish to modify the Agreement in order to provide for additional biologic hazard services such as Red Tide at the same terms, and conditions;

NOW THEREFORE, the Parties agree that the Agreement is amended as follows:

1. The document identified as Exhibit C and attached hereto is added to the Agreement to add payment items and fees relating to biologic hazard services.
2. Except as changed or modified herein, all provisions and conditions of the original Agreement and any amendments thereto shall remain in full force and effect.



Each Party to this Amendment represents and warrants that: (i) it has the full right and authority and has obtained all necessary approvals to enter into this Amendment; (ii) each person executing this Amendment on behalf of the Party is authorized to do so; (iii) this Amendment constitutes a valid and legally binding obligation of the Party, enforceable in accordance with its terms.

IN WITNESS WHEREOF the Parties herein have executed this First Amendment as of the day and year first written above.

PINELLAS COUNTY, FLORIDA  
by and through its County Administrator

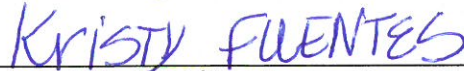


Mark Woodard, County Administrator

CONTRACTOR:



Authorized Signature



Printed Authorized Signature

APPROVED AS TO FORM

By:



Office of the County Attorney



Title Authorized Signature