

STATE OF TEXAS           §  
  §  
COUNTY OF HIDALGO   §

**AMENDEDMENT TO PROFESSIONAL SERVICE AGREEMENT BETWEEN  
HIDALGO COUNTY, TEXAS AND  
G.A.S. ENTERPRISES, INC.  
C-11-201-11-29**

This **AMENDMENT AGREEMENT BETWEEN THE COUNTY OF HIDALGO, TEXAS** (Owner) and **G.A.S. ENTERPRISES, INC.**, (Company), effective the **18<sup>th</sup>** day of **DECEMBER 2012**, is made between the parties, as follows:

**WHEREAS**, on November 29, 2011, Hidalgo County (the “Owner”) entered into a Professional Construction Management Services Agreement (the “Agreement”) with G.A.S. Enterprises, Inc. (the “Company”), in which the Company would provide “Construction Management Services” for The Design and Construction of a New Constable Building for Precinct One, as described in the Agreement;

**WHEREAS**, the parties desire to amend the Contract as hereinafter provided.

**NOW THEREFORE**, for and in consideration of this mutually agreed Amendment to the Agreement, Company and Owner hereby agree to the following Amendment to the Agreement:

- 1. Article 5.1-Duration of Basic Services.** The second sentence in article 5.1 is hereby deleted in its entirety and the following is inserted in lieu thereof;

It has become necessary to amend the contract to allow an extension of an additional **thirty-six weeks** from the date of **December 28, 2012** for completion of said services.

- 2. Article 4.2 (a)-Compensation.** 4.2(a)(2) is hereby deleted in its entirety and the following is inserted in lieu thereof;

The Basic Services Compensation shall be six percent (6%) of the lesser of (1) the final cost of construction of the Project or (2) Seven Hundred Twenty Four Thousand Dollars (\$724,000.00). The Basic Services Compensation shall not exceed Forty Three Thousand, Four Hundred Forty Dollars (\$43,440.00).

- 3.** Except as modified herein, all terms and conditions of the Agreement, as amended, remain in full force and effect. Company and Owner ratify and confirm the terms and provisions of the Agreement as amended.

**EXECUTED IN DUPLICATE ORIGINALS** and effective as of the day and year first written above.

**COUNTY OF HIDALGO**

By: \_\_\_\_\_  
Ramon Garcia, County Judge

**ATTEST:**

By: \_\_\_\_\_  
Arturo Guajardo, Jr., County Clerk

**G.A.S. Enterprises, Inc.**

By: \_\_\_\_\_

Printed Name: Rene Salinas

Title: President

**APPROVED AS TO FORM:**  
Atlas, Hall & Rodriguez, L.L.P.

By: \_\_\_\_\_  
Stephen L. Crain, Attorney



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/17/2012

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 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).

<b>PRODUCER</b> McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570		<b>CONTACT NAME:</b> Araceli Zuniga <b>PHONE (A/C No., Ext):</b> (956) 565-2481 <b>E-MAIL ADDRESS:</b> araceli@mcafeeagency.com		<b>FAX (A/C No.):</b> (956) 565-2733
<b>INSURED</b> G A S Enterprises, Inc. P. O. Box 309 Elsa TX 78543		<b>INSURER(S) AFFORDING COVERAGE</b>		
		<b>INSURER A:</b> Scottsdale Insurance Co.		<b>NAIC #</b>
		<b>INSURER B:</b> American Economy Ins. Co.		
		<b>INSURER C:</b> Texas Mutual Ins. Co.		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 12-13 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		BCSD026729	1/11/2012	1/11/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		02BA412830-7	1/11/2012	1/11/2013	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 2,500 EACH OCCURRENCE \$ AGGREGATE \$
C	UMBRELLA LIAB					
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yrs, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	SBP 0001189884	4/7/2011	4/7/2012

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> Hidalgo County 2802 S. Bus. Hwy 281 Edinburg, TX 78539	<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 Robert R Garza/AZ <i>Robert R Garza</i>
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## Evangelina Garcia

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**From:** Steve Crain [scrain@atlashall.com]  
**Sent:** Monday, December 17, 2012 4:27 PM  
**To:** 'Evangelina Garcia'  
**Subject:** RE: Amendment to GAS Service Agreement

The amendment is fine.

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**From:** Evangelina Garcia [mailto:evangelina.garcia@co.hidalgo.tx.us]  
**Sent:** Monday, December 17, 2012 3:52 PM  
**To:** 'Stephen L. Crain'  
**Cc:** 'Martha Salazar'  
**Subject:** FW: Amendment to GAS Service Agreement  
**Importance:** High

Mr. Crain:

Attached for your review as to form with the additional revisions as requested so as to proceed with this agenda. Need to forward your approval once you have reviewed document.

Thank you

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**From:** Martha Salazar [mailto:martha.salazar@co.hidalgo.tx.us]  
**Sent:** Monday, December 17, 2012 2:37 PM  
**To:** 'Evangelina Garcia'  
**Subject:** FW: Amendment to GAS Service Agreement  
**Importance:** High

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**From:** Stephen L. Crain [mailto:scrain@atlashall.com]  
**Sent:** Monday, December 17, 2012 2:20 PM  
**To:** 'Martha Salazar'  
**Subject:** Amendment to GAS Service Agreement

Please see Mr. Crain's changes.

Stephen L. Crain  
**ATLAS, HALL & RODRIGUEZ, LLP**  
818 Pecan Blvd. (78501)  
P. O. Box 3725  
McAllen, Texas 78502  
Direct Dial Number (956) 632-8221  
Main Number (956) 682-5501  
Fax Number (956) 686-6109  
E-mail Address [scrain@atlashall.com](mailto:scrain@atlashall.com)



Atlas Hall  
Rodriguez