

THE STATE OF TEXAS       §  
  §  
COUNTY OF HIDALGO       §

**FIRST AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT  
C-19-251-07-16**

**THIS AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT (“Agreement”)** is made and entered the **18<sup>th</sup>** day of **August 2020**, by and between **HIDALGO COUNTY, TEXAS**, (“County”) and **B2Z ENGINEERING, LLC** (“Engineer”).

**WITNESSETH:**

**WHEREAS** pursuant to Texas Government Code Chapter 2254 (the “Texas Professional Services Procurement Act”), the County requested Statements of Qualifications from professional engineering firms to establish a yearly pool to provide **On-Call Professional Engineering Services for Building Repairs, Renovations, Alteration, Additions, and/or Other Related Services to County-Owned Buildings** (the “Services”);

**WHEREAS**, on or about the **16<sup>th</sup>** day of **July 2019**, the County and Engineer entered into an agreement (“**Agreement**”) after being pre-qualified from the established pool to provide Services for projects within **Hidalgo County Precinct No. 4**.

**WHEREAS**, it has become necessary to amend the Agreement of the Parties to extend the term of the Agreement for the purpose of maintaining the availability of the professional engineering firm to provide services through the time period indicated below; and

**WHEREAS**, County, and Engineer now desire to amend the Agreement as hereinafter provided.

**NOW, THEREFORE**, for and in consideration of the terms and provisions set forth herein, for good valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Engineer hereby agree to the following amendment to the Agreement.

1. The term of the Agreement is extended from the original termination date of **July 15, 2020**, as indicated in paragraph five (5) of the Agreement to **December 31, 2020**.

Except as modified herein, all terms and conditions of the Agreement, remain in full force and effect. County and Engineer ratify and confirm the terms and provisions of the Agreement as amended herein.

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

**COUNTY:**  
**COUNTY OF HIDALGO, TEXAS**

By: Richard F. Cortez  
Richard F. Cortez, County Judge

APPROVED BY  
COMMISSIONERS' COURT  
ON: 8/18/20

**ENGINEER:**  
**B2Z Engineering, LLC**

By: Nicholus Muñoz

Printed Name Nicholus Muñoz

Title: Vice President

**ATTEST:**

Arturo Guajardo Jr.  
Arturo Guajardo Jr., County Clerk

Approved by Commissioners Court on 8/18/20

**APPROVED AS TO FORM:**

Hidalgo County District Attorney's Office

By: Victor Garza  
Victor Garza, Assistant District Attorney

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

B2Z Engineering, LLC  
 Mission, TX United States

Certificate Number:  
 2020-656926

Date Filed:  
 08/13/2020

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Hidalgo County

Date Acknowledged:  
 08/13/2020

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

C-19-251-07-16

On Call Professional Engineering Services for the provisions of: "Building Repairs, Renovations, Alterations, Additions and/or Other related Services to County Owned Buildings" in Hidalgo County Pct 4

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gonzalez, Aisha	Mission, TX United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

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	Gonzalez, Aisha	Mission, TX United States	X	

5 Check only if there is NO Interested Party.

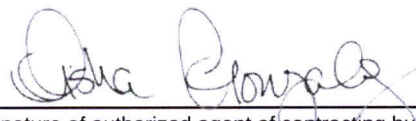
### 6 UNSWORN DECLARATION

My name is Aisha Gonzalez, and my date of birth is 01/23/1979.

My address is 900 S. Stewart Rd., Ste 4, Mission, TX, 78572, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 13th day of August, 2020.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2020

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).

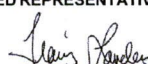
<b>PRODUCER</b> The Risk Specialty Group, LLC 4801 Woodway Dr. Suite 300E Houston TX 77056	<b>CONTACT NAME:</b> Candi Carpenter	
	<b>PHONE (A/C, No, Ext):</b> 713-552-1900	<b>FAX (A/C, No):</b> 713-513-5411
<b>E-MAIL ADDRESS:</b> ccarpenter@risksspecialtygroup.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> The Travelers Indemnity of Ame		25666
<b>INSURER B :</b> Travelers Property Casualty In		25674
<b>INSURER C :</b> Hudson Insurance Company		25054
<b>INSURER D :</b> The Phoenix Insurance Company		25623
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 617247665 **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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl. Unmanned <input type="checkbox"/> Aircraft Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6807N737635	7/10/2020	7/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA7N742910	7/10/2020	7/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP1P237416	7/10/2020	7/10/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB7N741163	7/10/2020	7/10/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<input checked="" type="checkbox"/> Professional Liability including Pollution Liability (claims made)			PRB0619110094	1/17/2020	1/17/2021	Each Claim Aggregate 2,000,000 2,000,000

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

<b>CERTIFICATE HOLDER</b>  Hidalgo County 2812 S Business 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 
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