



**AMENDMENT
TO
PROFESSIONAL
AGREEMENT**

BOARD AGENDA DATE:

BOARD ITEM NUMBER:

LCS-9610-

REVISED 4/15/2013

AMENDMENT NUMBER: _____

TO: _____

(Owner or Owner's Representative)

In accordance with the agreement dated: _____

BETWEEN the OWNER
(Name and Address)

Leon County Schools
Construction/Facilities Department
3420 West Tharpe Street, Suite 100
Tallahassee, FL 32303

and the ARCHITECT/ENGINEER:
(Name and Address)

for the PROJECT
(Names and Address)

Authorization is requested:

<input type="checkbox"/>
<input type="checkbox"/>

to proceed with Additional Services

to incur additional Reimbursable Expenses

As follows:

The following adjustments shall be made to compensation and time:

Compensation: _____

Time: _____

SUBMITTED BY:

OWNER - AGREED TO:

Signature

Signature

Printed Name/Title

Printed Name/Title

DATE

DATE

SCHOOL BOARD ATTORNEY VIA BOARDDOCS - DATE: