STATE OF TEXAS	§
	§
COUNTY OF FORT BEND	§

## FIRST AMENDMENT TO AGREEMENT FOR FOR SERVICE BETWEEN FORT BEND COUNTY AND NEXT LEVEL URGENT CARE, LLC (COVID-19)

THIS FIRST AMENDMENT, is made and entered into by and between Fort Bend County (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Next Level Medical LLC fka Next Level Urgent Care LLC, both having been authorized to conduct business in the State of Texas.

WHEREAS, the parties executed and accepted that certain Agreement for Services (COVID-19) on or about January 29, 2021 (hereinafter "Agreement") pursuant to exemption authorized by Texas Local Government Code Section 262.024 (2) and granted by the County Judge pursuant to Texas Government Code Section 418.016; and

WHEREAS, the parties desire to amend the Agreement to reflect a changed name for Next Level Urgent Care LLC.

NOW, THEREFORE, the parties do mutually agree as follows:

- 1. All instances of the company name "Next Level Urgent Care LLC" should be converted to "Next Level Medical LLC" who has assumed all rights and duties imposed upon Contractor under the Agreement for Services (COVID-19). See attached Exhibit One.
- 2. Changes to Contractor contact information are:

Next Level Medical LLC	
Attn: Dr. Juliet Breeze	

3. Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

[THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.]

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the date signed by the final party.

FORT BEND COUNTY	NEXT LEVEL URGENT CARE, LLC	
KP George/ County Judge	Authorized Agent – Signature	
Emergency Management Director	Constant of the constant of th	
	Juliet Brown	
Date	Authorized Agent- Printed Name	
ATTEST:	CEO	
	Title	
Laura Richard, County Clerk	Date	
Reviewed by:		
J Johnson-Minter, MD		
D. Jacquelyn Johnson-Minter, MD, MBA, MI	PH	
Director of Health and Human Services		
APPROVED AS TO LEGAL FORM:	,	
Dipliative sport by Tuner Michaele Dipliative Sport Sp		
Michelle L. Turner		
General Counsel Division Chief		
County Attorney Office		
Exhibit One: Request for Contractor Nam	e Change	
AUD	OITOR'S CERTIFICATE	
I hereby certify that funds are availa pay the obligation of Fort Bend County unde	able in the amount of \$r this contract.	_ to accomplish and
	Robert Ed Sturdivant, County Audito	or

## Exhibit One:

## Request for Contractor Name Change