

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 KP George
KP George, County Judge
Emergency Management Director

[Signature]

Authorized Agent – Signature

Date 7.6.2021



Subet Breese

Authorized Agent- Printed Name

ATTEST:

Laura Richard

Laura Richard, County Clerk

Title

Date

Reviewed by:

J. Johnson-Minter, MD

Dr. Jacquelyn Johnson-Minter, MD, MBA, MPH
Director of Health and Human Services

APPROVED AS TO LEGAL FORM:

Michelle L. Turner

Digitally signed by Turner, Michelle
DN: cn=, o=, ou=Fort Bend, c=us, email=turner, ou=Fort Bend,
ou=Departments, ou=County Attorney, ou=Turner, cn=Turner,
Michelle
Date: 2021.06.29 10:09:08 -05'00'

Michelle L. Turner
General Counsel Division Chief
County Attorney Office

Exhibit One: Request for Contractor Name Change

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 2,120,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert E. Sturdivant

Robert Ed Sturdivant, County Auditor

Exhibit One:
Request for Contractor Name Change

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.
Next Level Medical LLC
Houston, TX United States

Certificate Number:
2021-772635

Date Filed:
06/29/2021

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

Date Acknowledged:
07/06/2021

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.
Amendment 21-HHS-100470-A1
Agreement for Name Change

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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)