

**EXHIBIT B**  
**AUTHORIZATION OF CHANGE IN SERVICE**

|                                  |                                |                      |
|----------------------------------|--------------------------------|----------------------|
| CONTRACT NUMBER / CONTRACT NAME: | 219-198 Wood Grinding Services |                      |
| CITY REPRESENTATIVE:             | Amy Kirwin                     |                      |
| CONTRACTOR:                      | Eggemeyer Land Clearing, LLC   |                      |
| CONTRACT EFFECTIVE DATE:         | 6/3/2019- 6/2/2020             |                      |
| THIS AUTHORIZATION DATE:         | 4-16-20                        | AUTHORIZATION NO.: 3 |

**DESCRIPTION OF WORK TO BE ADDED TO OR DELETED FROM SCOPE OF SERVICES:**

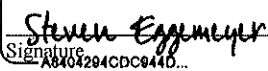
Pursuant to the terms of the contract the City of San Marcos chooses to extend this contract is for the first renewal option. This one (1) year renewal begins June 3, 2020 and continues through June 2, 2021 at the annual cost of \$62,250.00. All remaining terms and conditions of the original contract will remain in full force and effect for the duration of this agreement.

Eggemeyer Land Clearing, LLC agrees to maintain insurance for the duration of the renewal period in compliance with the requirements of the original contract. Please email a current Certificate of Insurance to email address to JNavarre@sanmarcostx.gov to complete renewal process.

|                                                 |            |  |
|-------------------------------------------------|------------|--|
| Original Contract Amount:                       | 40,000.00  |  |
| Previous Increases/Decreases in Contact Amount: | 22,250.00  |  |
| This Increase/Decrease in Contract Amount:      | 62,250.00  |  |
| Revised Contract Amount:                        | 124,500.00 |  |

**CONTRACTOR:**

DocuSigned by:

  
 Signature

4/20/2020

Date

Steven Eggemeyer

Print Full Name / Title (if not in individual capacity)

**CITY:**

Signature

Date

Print Name

Title

*City Department Use Only Below This Line (PM, etc.).*

| Account Number(s): | Amount | Date |
|--------------------|--------|------|
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