



CITY OF COOPER CITY

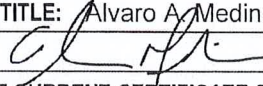
Procurement Department
9090 SW 50th Place
Cooper City, FL 33328

CONTRACT EXTENSION

Effect of Amendment. Except to the extent the Agreement/Contract expiration date is modified by this Amendment, the terms and provisions of the Agreement/Contract, as may be previously amended, shall remain unmodified and in full force and effect. In the event of a conflict between the terms of the Agreement/Contract, as may be previously amended and the terms of this Amendment shall govern and prevail.

DATE:03/14/2025	SOLICITATION No.PNC2123416B1_1	CONTRACT No. PNC2123416B1_1
PIGGYBACK AGREEMENT:	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>	LEAD AGENCY: Broward County
TITLE: CONCRETE ASPHALT RESTORATION SERVICES		
AWARDED VENDOR: Concrete Works & Paving, Inc. 5322 Chesterfield Dr. Ave Maria, FL 34142	CONTACT NAME: Alvaro Medina	
	BUSINESS PHONE #: (305)218-4816	
	EMAIL: amedi009@hotmail.com	
SCOPE OF SERVICES: Scope includes, but is not limited to, the furnishing of all labor, materials, equipment, services and incidentals to perform asphalt and concrete restoration services, including repair/maintenance of roadway systems, concrete sidewalk repairs, driveway repairs, landscape restoration, pavement marking restoration, and maintenance of traffic in accordance with the written specifications.		
COMMISSION APPROVAL DATE:		
TERM: The initial term March 21, 2022, to March 20, 2023, with provisions for two (2) additional one-year renewal periods. This authorization pertains to the extension period following the execution of the two renewal options.		
CURRENT EXPIRATION DATE: 03/20/2025	RENEWAL TERM No. Extension 90 days (final)	RENEWAL TERM PERIOD: 03/21/2025 – 06/20/2025
CONTRACT AMOUNT:		

INSTRUCTIONS TO VENDOR: Sign below with your intention regarding the renewal/extension option. If a renewal/extension term is not chosen, please provide comments, if more space is needed attach additional sheets. Before selecting price adjustments, please confirm if the contract allows it, and provide details for increase/decrease to include the previous contract price, percentage of increase, new price, and consumer price index when applicable.


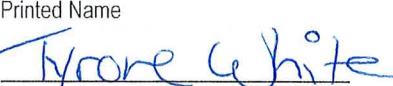
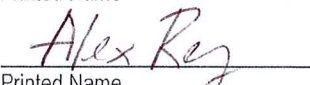
VENDOR RESPONSE		
SELECT ONE:	I AGREE TO RENEW: <input checked="" type="checkbox"/>	I DO NOT AGREE TO RENEW: <input type="checkbox"/>
PRICE ADJUSTMENTS (If contract allows) (If yes, please attach changes listing old price, % increase and new price)	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>
COMMENTS:		
PRINT NAME AND TITLE: Alvaro A. Medina Jr, President		
SIGNATURE: 		
<input checked="" type="checkbox"/> ATTACH MOST CURRENT CERTIFICATE OF INSURANCE (COI) RELATING TO THIS ITEM AND UPDATED W-9 FORM.		

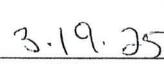
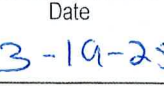
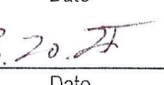
CITY APPROVED:


Department Director

Purchasing

City Manager


Printed Name

Printed Name

Printed Name


Date

Date

Date