## AMENDMENT TO AGREEMENT FOR MOTORIZED WATERCRAFT CONCESSION

**THIS AMENDMENT TO AGREEMENT**, made this \_\_day of \_\_\_\_2015, by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Atlantic Beach Clubs-Two, Inc., a Florida corporation, ("Contractor" or "Company" or "Concessionaire"), whose address and phone number are 1005 Seabreeze Boulevard, Fort Lauderdale, FL 33316, Phone: 786-423-5330, Fax: 954-523-5162, for the term specified herein,

WHEREAS, the City and Contractor entered into an Agreement for Motorized Watercraft Concession pursuant to RFP 525-10962 dated August 1, 2012 ("Contract"); and

WHEREAS, the Contract provided that the term ended on July 31, 2015; and

WHEREAS, the City issued a new RFP for Motorized Watercraft Concession; and

WHEREAS, at its July 7, 2015 Regular Agenda Meeting, the City Commission approved a motion rejecting a single proposal and authorized a 3 month extension to the Contract; and

WHEREAS, at its October 6, 2015 Regular Agenda Meeting, the City Commission approved a motion for another 3 month extension to the Contract to allow time for a new RFP to be issued and awarded;

NOW THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor agree to amend the Contract as follows:

- 1. Section III of the Contract is hereby amended to extend the contract period through January 31, 2016.
- 2. All other terms and provisions of the original Contract between the parties shall remain in full force and effect.

IN WITNESS WHEREOF, the City and the Contractor execute this Amendment as follows:

CITY OF FORT LAUDERDALE
Ву:
City Manager
Approved as to form:
Assistant City Attorney

ATTEST	CONTRACTOR
By:	By:
Print Name:	Print Name:
Title:	Title: President
(CORPORATE SEAL)	
STATE OFCOUNTY OF	: :
	was acknowledged before me this day of as president for
Atlantic Beach Clubs-Two, Inc., a Flo	orida corporation.
(SEAL)	Notary Public, State of
	(Signature of Notary Public)  (Print Type or Stemp Commissioned Name of
	(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally KnownOR Produced	
Type of Identification Produced	