



Lee County Professional Service  
Change Order/Supplemental Task Authorization

Date Feb 8, 2024

[Print Form](#)

Change Order Agreement #: CO2       Supplemental Task Authorization #: \_\_\_\_\_

A Change Order or Supplemental Task Authorization requires approval by the Department Director for expenditures under \$50,000 or approval by the County Manager for expenditures between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: ~~Ken Greco~~ Jonathan Girnys

Contract Name: Purchase of Medical Supplies & Assembling/Distribution of On-Board Ambulance Medical Kits

Project Name: \_\_\_\_\_

CONSULTANT: LeeSar      Project #: \_\_\_\_\_

Solicitation #: PB140077 & N140078      Contract #: 6776

Lee County Project Manager: Paul DiCicco      Request Date: Feb 8, 2024

Fiscal Staff: \_\_\_\_\_      Account #: \_\_\_\_\_

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the CONSULTANT is authorized to and shall proceed with the following exhibits as applicable:

- CO-STA Exhibit A - SCOPE OF PROFESSIONAL SERVICE
- CO-STA Exhibit B - COMPENSATION & METHOD OF PAYMENT
- CO-STA Exhibit C - TIME & SCHEDULE OF PERFORMANCE
- CO-STA Exhibit D - CONSULTANTS ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

It is understood and agreed that the acceptance of this modification by the CONSULTANT constitutes an accord and satisfaction.

John Streger  
Consultant Signature (Print & Sign Name)

February 15, 2024  
Date Signed

Jonathan.Girnys@csopl.com  
Contact E-mail Address

239.939.8778  
Contact Phone Number

Lee County Board of County Commissioners - Procurement Management  
2115 Second Street - 1st Floor - Fort Myers, FL 33901  
PO Box 398 - Fort Myers, FL 33902-0398  
Phone: (239) 533-8881



CO-STA Exhibit A  
Scope of Professional Services

Print Form

Change Order Agreement #: CO2       Supplemental Task Authorization #: \_\_\_\_\_

**Scope of Professional Services for:**

Purchase of Medical Supplies & Assembling/Distribution of On-Board Ambulance Medical Kits

**Section 1.00 Changes to Professional Services**

The 'Scope of Professional Services' as set forth in Exhibit 'A' of the Professional Services Agreement referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform the following professional services, tasks, or work as a supplement to, change to, the scope of services previously agreed to and authorized.

No changes in scope, this is for an extension of term 4/28/24 - 10/27/24.

**Lee County Board of County Commissioners - Procurement Management**  
2115 Second Street - 1st Floor - Fort Myers, FL 33901  
PO Box 398 - Fort Myers, FL 33902-0398  
**Phone: (239) 533-8881**







Lee County Procurement Management Signatory Authorization Affidavit

Date: 2-15-24 Company Name: LEESAR, INC ("Company")

AUTHORIZATION: The Affiant warrants the truth and accuracy of this Affidavit to statements hereinafter made. The Affiant acknowledges that it is of critical importance that the individuals signing legally binding documents on the Company's behalf possess the authority to bind the Company so that both parties are bound by the terms of said documents. The Affiant further acknowledges that the Lee County Board of County Commissioners ("County") reserves the right to request supporting documentation regarding signatory authorization, at any time, and a document will be rejected, if it does not comply exactly with the signature authorization requirements.

INSTRUCTIONS: This Authorization Affidavit shall only be executed by the following:

- Corporation: President or CEO
• LLC: Managing Member, if manager-managed LLC or Member, if member-managed LLC
• Sole Proprietor: Owner
• An individual authorized to sign on the Company's behalf as evidenced by internal Company documentation delegating signing authority to that individual. Please attach internal Company documentation, if applicable.

All signatures on this Affidavit must be wet, non-electronic and non-digital original signatures. If you have more than four Authorized Signatories, please duplicate this page. A wet, non-electronic and non-digital original signature is required on each page. The following individuals are hereby authorized, as representatives of the Company identified above, to sign and execute legally binding documents on behalf of the Company.

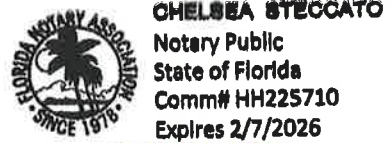
Table with 2 columns: Authorized Signatory Name, Title. Row 1: John Stregar, CEO / President

By executing this Affidavit, I hereby authorize the individuals shown above to sign and execute legally binding documents on behalf of the Company. I further acknowledge that it shall be the sole responsibility of the Company to provide an updated Signatory Authorization Affidavit, upon any change in signatory authorization, to the County, Attention: Procurement Management Director, 1500 Monroe Street, 4th Floor, Fort Myers, FL 33901.

Signature of Affiant: [Handwritten Signature] Title: CEO / President Date: 2-15-24

Printed Name of Affiant: John Stregar

STATE OF FLORIDA COUNTY OF LEE



The foregoing instrument was signed and acknowledged before me this 15 day of February

20 24 who produced the following as identification Drivers License (type of identification and number or personally known)

Notary Public Signature: Chelsea Steccato Printed Name of Notary Public: Chelsea Steccato Commission Number/Expiration: 2/7/2026

