FIRST AMENDMENT TO CONSULTANT SERVICES AGREEMENT

THIS FIRST AMENDMENT TO THE AGREEMENT (Amendment) made and entered into effective the _____ of May 2025, (Effective Date) between the CITY OF FRESNO, a California municipal corporation (City), and BPR Consulting Group, LLC. (Consultant).

RECITALS

WHEREAS, the City and the Consultant entered into an agreement on December 14, 2023 (Agreement), to provide professional plan checking, back checking, and inspection services on an as needed basis (Project); and

WHEREAS, the initial term of the Agreement was for a total fee not to exceed \$150,000 for a term effective from December 14, 2023, through December 31, 2025; and

WHEREAS, City and Consultant now desire to increase the Consultant's total compensation by \$42,500 for a total of \$192,500 and to extend the term of the Agreement to June 30, 2026, to complete the terms of the Agreement; and

WHEREAS, with entry into this Amendment, the Consultant agrees it has no claim, demand, or dispute against the City and affirms that it will abide by all obligations contained in the Agreement.

AGREEMENT

NOW, THEREFORE in consideration of the above recitals, which recitals are contractual in nature, the mutual promises herein contained, and for other good and valuable consideration hereby acknowledged, the parties agree that the aforesaid Agreement be amended as follows: The recitals to this Amendment are incorporated and made a part of this Amendment.

- 1. The Consultant's sole compensation for satisfactory performance of all services required or rendered pursuant to this Amendment shall be a total fee of \$42,500 for a total contract value of \$192,500.
- 2. The term of the Agreement shall be extended up to and including June 30, 2026.
- 3. In the event of any conflict between the body of this Amendment and any Exhibit or Attachment hereto, the terms and conditions of the body of this Amendment shall control and take precedence over the terms and conditions expressed within the Exhibit or Attachment. Furthermore, any terms or conditions contained within any Exhibit or Attachment hereto which purport to modify the allocation of risk between the Parties, provided for within the body of this Amendment, shall be null and void.
- 4. Except as otherwise provided herein, the Agreement entered into by the City and the Consultant on December 14, 2023, remains in full force and effect.

[SIGNATURES FOLLOW ON THE NEXT PAGE.]

IN WITNESS WHEREOF, the parties have executed this Amendment at Fresno, California, on the day and year first above written.

CITY OF FRESNO, A California municipal corporation	BPR CONSULTING GROUP, LLC., Califorr Docusigned by:
By: Georgeanne A. White City Manager	By:Ron Beehler Director
APPROVED AS TO FORM: ANDREW JANZ City Attorney By: Tricia Herrera Deputy City Attorney	Title: (If corporation or LLC., Board Chair, Procussigned by:) By: Bill Rodgers Name: Principal Title: (If corporation or LLC., CFO, Treasurer, Secretary or Assistant Secretary)
ATTEST: TODD STERMER, MMC City Clerk	
By:Date Deputy	
Addresses: CITY: City of Fresno Attention: Nadia Salinas Project Manger 2600 Fresno St, Room 3065 Fresno, CA 93721 Phone: (559) 621-8150 Email: Nadia.Salinas@fresno.gov	CONSULTANT: BPR Consulting Group, LLC Attention: Ron Beehler, SE, CBO 2201 Francisco Drive, Suite 104-658 El Dorado Hills, CA 95762 Phone: (916) 204-3175 Email: rbeehler@bpr-grp.com

n Envelope ID: 6AFE162B-12D3-4E4D-8FD2-D2D43582C04E							
cuSign Envelope ID: E901666C-B3EC-4089-BDD4-81E3F933175	D		26				
Secretary of State		LLC-12	21-D38212				
Statement of Information (Limited Liability Company)				FILE	D		
IMPORTANT — Read instructions before completing this form.		l	In the office of the Se of the State of			State	
Filing Fee – \$20.00				JUL 06,	2021		
Copy Fees – First page \$1.00; each attachment page \$0 Certification Fee - \$5.00 plus copy fees).50;			This Space For Office		Only	
1. Limited Liability Company Name (Enter the exact name of the	LLC. If you	registered in Califor	nia using an	alternate name, see instruction	ons.)		
BPR CONSULTING GROUP LLC							
2. 12-Digit Secretary of State File Number	3. State,	Foreign Countr	y or Place	of Organization (only if fo	rmed out	side of	California)
202118210521	CALIF	ORNIA					
4. Business Addresses							
a, Street Address of Principal Office - Do not list a P.O. Box		City (no abbrevia El Dorado Hi			State	2ip Co	
b. Mailing Address of LLC, if different than item 4a	ELOT Transicos Bitto, oto 1 to oco				State	Zip Co	ode
2201 Francisco Drive, Ste 140-658 El Dorado		El Dorado Hi					
2201 Francisco Drive, Ste 140-658				****			
5. Manager(s) or Member(s) If no managers have been appoint the fisted. If the manager/me an entity, complete Items 5b and that additional managers/members. If no managers have been appoint to the must be listed. If the manager/members have been appoint to the must be listed. If the managers have been appoint to the must be listed. If the managers have been appoint to the must be listed. If the manager have been appoint to the must be listed. If the manager have been appoint to the must be listed. If the manager/me and entity to the must be listed. If the manager/me and entity to the must be listed. If the manager/me and entity to the must be listed. If the manager/me and entity to the must be listed. If the manager/me and entity to the must be listed. If the manager/me and entity to the must be listed. If the manager/me and entity, complete Items 5b and the must be listed. If the manager have been appoint to the must be listed. If the manager have been appoint to the must be listed. If the manager have been appoint to the must be listed. If the manager have been appoint to the must be listed. If the manager have been appoint to the must be listed. If the must be listed in the must be listed. If the must be listed in the must be listed in the must be listed. If the must be listed in the must be listed in the must be listed. If the must be listed in the must be listed in the must be listed. If the must be listed in the must be	mber is an ir 5c (leave Iter	ndividual, complete n 5a blank). Note:	The LLC car	d 5c (leave Item 5b blank). nnot serve as its own manag	If the ma	mager/m	nember is
a. First Name, if an individual - Do not complete Item 5b Ronald		Middle Name J. Last Name Beehler				Suffix	
b. Entity Name - Do not complete Item 5a							
c, Address		City (no abbreviat			State	Zip Co	
2201 Francisco Drive, Ste 140-658		El Dorado H	lills		CA	9576	52
6. Service of Process (Must provide either Individual OR Corporation							
INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's a. California Agent's First Name (if agent is not a corporation)	s iuii name ai	Middle Name	aduless	Last Name			Suffix
Ronald		J.		Beehler			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 2201 Francisco Drive, Ste 140-658		City (no abbreviat El Dorado H	ills		State CA	Zip Co 957	762
CORPORATION - Complete Item 6c only, Only include the name of	f the registere	ed agent Corporation	on.				
c, California Registered Corporate Agent's Name (if agent is a corporation) – Do	o not complete	e Item 6a or 6b					
7. Type of Business							
 a. Describe the type of business or services of the Limited Liability Company Consulting 							
8. Chief Executive Officer, if elected or appointed							
a, First Name		Middle Name		Last Name			Suffix
b, Address		City (no abbreviat	ions)		State	Zip Co	ode
9. The Information contained herein, including any attachmo	ents, is tru	e and correct.					
07/06/2021 Bonald J Beebler		Γ	Director				

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed, SEE INSTRUCTIONS BEFORE COMPLETING.)

Title

Name: Company:

City/State/Zip:

Type or Print Name of Person Completing the Form

Date

Address:

Signature

DocuSign Envelope ID: E901666C-B3EC-4089-BDD4-81E3F933175D

Stat	chment to ement of Information ited Liability Company)	LLC-12A Attachment
A. Limited Liability Co	mpany Name	107/1
BPR CONSULTING G	ROUP LLC	

21-D38212

This	Space	For	Office	Use	On

				This Space For Office Use Only
В.	12-Digit Secretary of State File Number	C.	State or Place of	Organization (only if formed outside of California)
	202118210521			CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name William	Middle Name T.	Last Name Rodgers			Suffix
Entity Name					
Address 2201 Francisco Drive, Ste 140-658	City (no abbreviations) State CA 95			Zip (9576	Code 32
First Name Roger	Middle Name Last Name Peterson				Suffix
Entity Name					
Address 2201 Francisco Drive, Ste 140-658	City (no abbreviations) El Dorado Hills		State CA	Zip (957	Code 62
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name		•			
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name		·			
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code

Doc

Envelope ID: 6AFE162B-12D3-4E	E4D-8FD2-D2D43582C04E							
uSign Envelope ID: E901666C-B3E0	C-4089-BDD4-81E3F933175	D						
Secretary Secretary		L	LLC-12 21-D382			212		
Statement of Information (Limited Liability Company)		1.			FILE	D		
IMPORTANT — Read instruction	ons before completing the	his form.		1	n the office of the Se of the State of			tate
Filing Fee – \$20.00					JUL 06, 2	2021		
	- \$5.00 plus copy fees				his Space For Office		nly	
1. Limited Liability Company Na	me (Enter the exact name of the	LLC. If you re	egistered in Califor	nia using an a	alternate name, see instructio	ns.)		
BPR CONSULTING GROU	P LLC							
2. 12-Digit Secretary of State File 202118210		Control (September	State, Foreign Country or Place of Organization (only if formed outside of California CALIFORNIA			California)		
4. Business Addresses								
a, Street Address of Principal Office - Do not list a P.O. Box 2201 Francisco Drive, Ste 140-658				City (no abbreviations) El Dorado Hills CA			Zip Code 95762	
b. Mailing Address of LLC, if different than item 4a 2201 Francisco Drive, Ste 140-658			City (no abbreviat El Dorado Hil	Oorado Hills CA 95762			2	
c, Street Address of California Office, if Ite 2201 Francisco Drive, Ste 14		a P.O. Box		ty (no abbreviations) Dorado Hills State Zip Code CA 95762				
5. Manager(s) or Member(s)	I no managers have been appoint to be listed. If the manager/me an entity, complete items 5b and has additional managers/members	ember is an in 5c lleave lten	dividual, complete	The LLC car	not serve as its own manage	i ine ma	nagei/m	ellinei 12
a, First Name, if an individual - Do not comp Ronald	plete Item 5b		Middle Name J.	Name Last Name Beehler				Suffix
b, Entity Name - Do not complete Item 5a								
c. Address 2201 Francisco Drive, Ste 1	40-658		City (no abbreviations) El Dorado Hills State Cip Code CA 95762					
6. Service of Process (Must provide	de either Individual OR Corporation	on_)						
INDIVIDUAL – Complete Items 6a	and 6b only. Must include agent	's full name ar		address_				0.65
a, California Agent's First Name (if agent is Ronald	not a corporation)		Middle Name J.	Beehler				Suffix
b. Street Address (if agent is not a corporate 2201 Francisco Drive, Ste 14	tion) - <mark>Do not enter a P.O. Box</mark> 40-658		City (no abbreviations) El Dorado Hills State Zip Code 95762				^{de} 62	
CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.								
c. California Registered Corporate Agent's I	Name (if agent is a corporation) – D	o not complete	Item 6a or 6b					
7. Type of Business								
a. Describe the type of business or services	s of the Limited Liability Company							

Consulting					
8. Chief Executive Officer, if elected or appointed					
a, First Name	Middle Name	Last Name			Suffix
b, Address	City (no abbreviations)		State	Zip Co	ode

9. The Information contained herein, including any attachments, is true and correct.

Ronald J. Beehler

Date	Type or Print Name of Person Completing the Form	Title	Signature
Return Address (person or company a	(Optional) (For communication from the Secretary of State related to this of and the mailing address. This information will become public when filed. SEE	locument, or if purcha	ising a copy of the filed document enter the name of FORE COMPLETING.)
Name:	Γ	7	

Director

Company:

Address:

City/State/Zip:

07/06/2021

Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment	21-D38212
A. Limited Liability Company Name BPR CONSULTING GROUP LLC		
B. 12-Digit Secretary of State File Number	C. State or Place of	This Space For Office Use Only f Organization (only if formed outside of California)
202118210521	o. State of Flace of	CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name William	Middle Name T.	Last Name Rodgers			Suffix
Entity Name					
Address 2201 Francisco Drive, Ste 140-658	City (no abbreviations) El Dorado Hills		State CA	Zip (9576	Code 32
First Name Roger	Middle Name E.	Last Name Peterson			Suffix
Entity Name					
Address 2201 Francisco Drive, Ste 140-658	City (no abbreviations) El Dorado Hills		State CA	Zip (957	Code 62
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name	1				
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name	-				
Address	City (no abbreviations)		State	Zip	Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip	Code