



January 23, 2017

Mr. Larry M. Spring, CPA  
Executive Director  
North Miami Community Redevelopment Agency  
775 NE 125<sup>th</sup> Street, Fourth Floor  
North Miami, Florida 33161

**RE: CHINATOWN CULTURAL ARTS AND INNOVATION DISTRICT LOGO**

Dear Mr. Spring:

This letter serves as Keith & Schnars' proposal for additional services related to the development of a logo, including style guide.

Project Logo

A logo will be designed for the Project. Three (3) design ideas will be presented to the CLIENT from which a logo may be chosen. Up to two (2) revisions of the chosen logo design may be requested by the CLIENT. Further revisions will require additional billing at \$50 per hour.

**Consultant's Lump Sum Fee.....\$ 450.00**

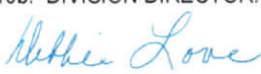

Upon receipt of the executed Contract Addendum (see attached) we will begin these tasks.

We appreciate the opportunity to assist the North Miami Community Redevelopment Agency. Please feel free to contact me if you have any questions.

Sincerely,

Debbie Love, AICP  
Director of Planning, Public Relations and Outreach

### SUPPLEMENT/AMENDMENT TO SERVICE AGREEMENTS

1. PROJECT NAME:  <b>North Miami CRA Chinatown Cultural Arts and Innovation District Master Plan</b>		2a. PROJECT #: 18283.00	2b. PROPOSAL #:  
5a. CLIENT (Name, Street Address, City, State, Zip): North Miami Community Redevelopment Agency 12340 NE 8th Avenue North Miami, FL 33161		3. START DATE: 12/13/16 END DATE: 1/30/17	4. P.O. #
5b. CLIENT NUMBER:		5c. CLIENT'S REPRESENTATIVE (Name, Title): Rasha Soray-Cameau, Director	
6a. CONSULTANT (Name, Street Address, City State, Zip):  <b>KEITH and SCHNARS, P.A.                  6500 NORTH ANDREWS AVENUE                  FORT LAUDERDALE, FL 33309-2132</b>		5d. TELEPHONE NUMBER: (305 ) 895-9839  FAX #: ( 305 ) 983-1367	
6b. PROJECT MANAGER/LINE MANAGER: Debbie Love, AICP		6c. TELEPHONE NUMBER: (954) 776-1616 FAX #: (954) 771-7690	
X	7. THIS ITEM ONLY APPLIES TO AMENDMENTS/SUPPLEMENTS TO CONTRACT		
X	A. THIS CHANGE IN INITIAL SCOPE OF WORK IS ISSUED PURSUANT TO: <b>(Specify Authority)</b> . THE CHANGES SET FORTH IN ITEM 8a ARE MADE IN THE PROJECT # IN ITEM 2a.		
X	B. THE ABOVE NUMBERED PROJECT IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES SET FORTH IN PURSUANT TO THE AUTHORITY OF: Larry Spring, Executive Director		
X	C. THIS ADDITIONAL SERVICE REQUEST IS ENTERED INTO PURSUANT TO AUTHORITY OF: Larry Spring, Executive Director		
X	D. CLIENT IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ONE COPY TO THE CONSULTANT PRIOR TO COMMENCEMENT OF WORK.		
DESCRIPTION OF AMENDMENT/SUPPLEMENT: A logo will be designed for the Project. Three (3) design ideas will be presented to the CLIENT from which a logo may be chosen. Up to two (2) revisions of the chosen logo design may be requested by the CLIENT. Further revisions will require additional billing at \$50 per hour.			
8b. REASON FOR SUPPLEMENT/AMENDMENT: As requested by the Community Redevelopment Agency.			
8c. COMPENSATION REQUIRED BY CONSULTANT FOR COMPLIANCE WITH REQUESTED PROFESSIONAL SERVICES AS SET FORTH HEREIN: Estimated Reimbursable Expenses: \$ _____ Consultant's Lump Sum Fee \$ 450.00			
9. Except as provided herein, all items, terms and conditions of the document referenced in item 2a, as heretofore changed, remains unchanged and in full force and effect.			
10a. NAME AND TITLE OF CONSULTANT (Type or Print): <b>Keith and Schnars, P.A.                  6500 North Andrews Avenue                  Fort Lauderdale, FL 33309-2132</b>		11a. NAME AND TITLE OF CLIENT'S REPRESENTATIVE (Type or Print): Larry Spring, Executive Director	
10b. DIVISION DIRECTOR:    _____ Signature of Person Authorized to Sign	10c. DATE SIGNED:  1-23-17	11b. CLIENT'S REPRESENTATIVE:    _____ Signature of Client/Representative Authorized to Sign	11c. DATE SIGNED:  2-8-17

**Return to: Keith and Schnars, P.A. • Planning Department • Fax # (954) 771-7690 • Form #9003-1A**