

**AMENDMENT NO. 1 TO AGREEMENT FOR PROFESSIONAL LEGAL SERVICES  
(CONTRACT NO. BC17-149)**

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(CONTRACT NO. BC17-149)**

This Amendment No. 1 hereby amends the Agreement for Professional Legal Services (Agreement) dated August 23, 2016 between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY) and Snow Spence Green, LLP (hereafter ATTORNEY).

The Agreement is amended as follows:

1. Exhibit B, Section A is hereby amended to read as follows: "For ATTORNEY services to be rendered under this Agreement, ATTORNEY shall be paid a total contract amount, including cost reimbursements, not to exceed \$30,000.00."
2. This Amendment No. 1 may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

All other terms remain in full force and effect.


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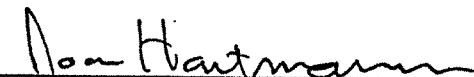
Amendment No. 1 to Agreement for Professional Legal Services between the County of Santa Barbara and Snow Spence Green, LLP.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 1 to be effective on the date executed by COUNTY.

ATTEST:  
MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

COUNTY OF SANTA BARBARA

By:   
Deputy Clerk

By:   
Chair, Board of Supervisors

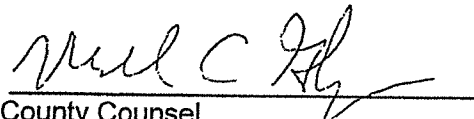
Date: 3/21/17

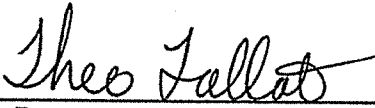
ATTORNEY:  
SNOW SPENCE GREEN, LLP

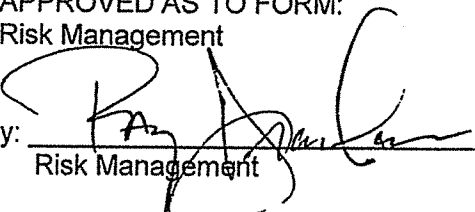
By: \_\_\_\_\_  
(Authorized Signature)

RECOMMENDED FOR APPROVAL AND  
APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
THEODORE A. FALLATI, CPA  
AUDITOR-CONTROLLER

By:   
County Counsel

By:   
Deputy

APPROVED AS TO FORM:  
Risk Management  
By:   
Risk Management

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COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Chair, Board of Supervisors

Date: \_\_\_\_\_

ATTORNEY:  
SNOW SPENCE GREEN, LLP

By:   
(Authorized Signature)

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AUDITOR-CONTROLLER

By: \_\_\_\_\_  
County Counsel

By: \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:  
Risk Management

By: \_\_\_\_\_  
Risk Management