



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER _____

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DATE: 12/3/2024

SUBJECT: CONSIDERATION OF SECOND AMENDMENT TO A LEASE AGREEMENT BETWEEN TARRANT COUNTY HOSPITAL DISTRICT AND ORAL AND MAXILLOFACIAL NETWORK, PLLC FOR CLINIC SPACE LOCATED AT 1625 ST. LOUIS STREET, FORT WORTH, TEXAS

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider a Second Amendment to a Lease Agreement between Tarrant County Hospital District (TCHD) and Oral and Maxillofacial Network, PLLC for the lease of 2,477 sq. ft. located at 1625 St. Louis Avenue, Fort Worth, TX 76104 for an additional thirteen (13) months.

BACKGROUND

On September 20, 2016, the Commissioners Court, through Court Order #123504, approved a lease agreement for an initial term of five (5) years with the option to renew for an additional three (3) years beyond the initial term. Pursuant to the First Amendment, TCHD exercised the renewal option at the end of the initial term.

TCHD is requesting to extend the term of the lease agreement for an additional thirteen (13) months.

TCHD's Board of Managers approved the attached Second Amendment to a Lease Agreement at its November 14, 2024 Board of Managers meeting. TCHD Counsel reviewed the Lease and approved it as to form.

FISCAL IMPACT

The total rent for thirteen (13) months is \$64,049.05.

SUBMITTED BY	JPS Health Network - Administration	PREPARED BY:	Lani Taylor
		APPROVED BY:	Daphne Walker

**SECOND AMENDMENT TO LEASE AGREEMENT
BETWEEN
TARRANT COUNTY DISTRICT d/b/a JPS Health Network
AND
ORAL & MAXILLOFACIAL NETWORK, P.L.L.C.**

This Second Amendment (this “**Amendment**”) is entered into effective as of September 1, 2024 (the “**Amendment Effective Date**”) by and between Oral & Maxillofacial Network, P.L.L.C. (“**Tenant**”) and Tarrant County Hospital District d/b/a JPS Health Network (“**District**”). The District and Contractor are each a “**Party**” and are collectively referred to herein as the “**Parties**”.

WHEREAS, the Parties entered into that certain Lease Agreement, dated September 1, 2016. (the “**Original Lease**”) for Tenant’s rental and occupation of in the building located in Tarrant County at 1625 St. Louis Street, Fort Worth, Texas 76104 (the “**Property**”); and

WHEREAS Amendment One to the Original Lease was entered into agreement on September 1, 2021 (“**Amendment One**”) to extend the Original Lease for an additional term of three (3) years expiring on August 31, 2024; and

NOW, THEREFORE, the Parties hereby agree to amend certain terms of the Original Lease and Amendment One as follows:

1. **To Extend the length of the lease.** Pursuant to Section 2.02 of the Original Lease, the Parties hereby acknowledge that the term of the Original Lease shall be extended for an additional term commencing September 1, 2024, and expiring on December 31, 2025.
2. Except as specifically modified herein, all of the terms, covenants and conditions of the Agreement are hereby affirmed and remain in full force and effect. Capitalized terms not defined herein shall have the meaning ascribed to them in the Agreement.
3. Notwithstanding the above, this Amendment shall not be deemed to modify, amend, waive, or discharge any liability, cause, claim duty or obligations under the Original Lease prior to the Effective Date of this Amendment, not otherwise changed or modified hereby.
4. Tenant represents and warrants that the Tenant has not dealt with any broker in connection with this Amendment, and that no other broker negotiated this Amendment or is entitled to any commission in connection therewith.
5. Tenant shall indemnify and hold Landlord harmless from and against any and all claims for commission, fee or other compensation with this Amendment.

IN WITNESS WHEREOF, the undersigned duly authorized representatives of District and Tenant have executed this Amendment on the dates set forth below their signatures to be effective as of the Amendment Effective Date.

LANDLORD:

TARRANT COUNTY HOSPITAL DISTRICT d/b/a JPS HEALTH NETWORK

By: _____

Name: _____

Title: _____

Date: _____

TENANT

ORAL & MAXILLOFACIAL NETWORK, P.L.L.C.

By: _____

Name: _____

Title: _____

Date: _____