



Marion County Board of County Commissioners

Procurement Services

2631 SE Third St.
Ocala, FL 34471
Phone: 352-671-8444
Fax: 352-671-8451

CHANGE ORDER FORM

This form is to be used when a Purchase Order has a change in scope, amount or date. Amounts exceeding 10% of original award requires BCC approval. Some fields may not be applicable and may be left blank. Use your cursor to hover over a field for help.

Date 06/12/2025 Department Facilities Management Change Order # 4

☐ Additional Days Only

Is Board Action Required? Yes

Bid/Contract/Quote Number & Project Title:

23Q-076 Design/MCSO Interior Remodel

Vendor (Name & Address):

The Lunz Group Inc.
58 Lake Morton Drive
Lakeland, FL 33801

Project Code: SOC000011

PO Number: 2301249

Contract Amount: \$309,200.00

GL Account Number (ORG/OBJECT):

VJ736521-562102

Have you sent Procurement the revised P&P Bond? Yes ☐ No ☐ N/A ☒

Contingency Amount (if requesting use):

Is the change order amount from Contingency? Yes ☐ No ☒

DESCRIPTION OF CHANGE

ASR #3 is for plan changes required to reduce the scope of construction to fall within the project's available budget. This revision includes reducing the square footage of remodel from 41,000 to 19,500, as well as redesigning the HVAC system to a more economical design. This requires substantial design time to combine the previous 2 phases into 1.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE

Original PO Amount:	\$309,200.00
The Current PO Amount (includes all previous change orders):	\$340,120.00
The PO will be increased/decreased by this change order in the amount of: (Do not put contingency amount)	Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> \$25,000.00
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)	\$365,120.00

Contract time will be Increased/decreased by _____	DAYS	
Prior Substantial Completion Date		Revised Substantial Completion Date
Prior Final Completion Date		Revised Final Completion Date

Approval:

Department Head [Signature] Date 6.12.25
Asst. Co. Administrator: (If Applicable) Date 6.12.2025
Project Mgr. [Signature] Date 6.12.2025
Procurement: _____ Date _____

BCC Approval (when applicable):

Chairman, BCC _____ Date _____
Attest: Clerk of Court _____ Date _____
County Administrator _____ Date _____