



SECOND AMENDMENT

This second amendment (this "Amendment") amends the Professional Services agreement, signed and agreed on September 2, 2025 and subsequently extended on November 25, 2025, (the "Agreement"), by and between Community Counselling Service Co., LLC located at 4849 Greenville Ave Suite 1100 Dallas, TX 75206 ("CCS") and Texas Southern University located at 3100 Cleburne Street, Houston, TX 77004, US ("Client") to the effect set forth below. Terms defined in the Agreement and used in this Amendment have the same meaning herein as therein.

The Agreement is hereby amended as follows:

1. The Term of the Agreement is hereby extended for an additional period of six (6) Service Periods, commencing on September 14, 2026 and ending on February 26, 2027 (the "Amended Term"), unless earlier terminated in accordance with the provisions of the Agreement.
2. The total professional fee for this Amended Term is \$270,000 payable as follows:

Service Period	Payment Due Date	Payment Amount
September 14, 2026-October 9, 2026	October 15, 2026	\$45,000
October 12, 2026-November 6, 2026	November 15, 2026	\$45,000
November 9, 2026-December 4, 2026	December 15, 2026	\$45,000
December 7, 2026-January 1, 2027	January 15, 2027	\$45,000
January 4, 2027-January 29, 2027	February 15, 2027	\$45,000
February 1, 2027-February 26, 2027	March 15, 2027	\$45,000
Total Payments: 6		Total: \$270,000

Except as expressly amended hereby, the Agreement is in all respects ratified and confirmed.

In witness whereof, CCS and Client have hereunto set their hands as of the date of the last signature.

COMMUNITY COUNSELLING SERVICE CO., LLC

By:

Name:

Title:

Date:

TEXAS SOUTHERN UNIVERSITY

By:

Name:

Title:

Date:



Client Data Sheet *Client completion required to ensure compliance with applicable state fundraising counsel statutes

Professional Fundraising Counsel: Community Counselling Service Co., LLC

Client (Charitable Organization) Name: Texas Southern University

Client Address: 3100 Cleburne Street, Houston, TX 77004, US

Client Fiscal Year End:

Client Phone Number:

Client Email Address:

Client EIN #:

Client Contact:

Title:

Start Date: September 14, 2026 End Date: August 13, 2027

Please note dates provided will be noted on state submittals.

State Submittals

Are you able to indicate in which of the following state(s) (if any) the attached contract should be submitted by CCS?

If yes, please indicate applicable states here:

If not, who should we contact at your organization for this information?

Name:

Email:

If the state you have indicated, is marked with an asterisk (*) below, please provide a charity registration number or write in "exempt."

If the contract is not to be submitted in any of the listed states, please enter "N/A" above and provide any relevant notes under Additional Comments below.

Please be sure applicable charity registrations are current.

Alabama	Mississippi
Arkansas	New Hampshire*
California*	New Jersey*
Connecticut*	New York*
Florida*	North Carolina*
Hawaii	North Dakota
Illinois	Pennsylvania
Indiana	Rhode Island*
Kansas	South Carolina*
Kentucky*	Utah
Maryland	Virginia
Massachusetts	West Virginia
Minnesota	Wisconsin

Additional Comments: