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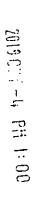
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Colut Time Trim LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James P. Romero Name of Person
Color Time Trim LLC Firm/Company
9309 Via Segovia
New Port Richey FL City/State and Zip Code
E-mail address: (type used for future annual report notification)
For further information concerning this matter, please call:
Charlotte Maginnis at (813) 505-1342 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Color Time (Name of the Limited L) (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on June 13, 2011 and assigned
Florida document number <u>L 110000 685</u>	34.
This amendment is submitted to amend the followir	ng:
A. If amending name, enter the new name of the	e limited liability company here:
JP Works LL	C
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::
(Principal office address MUST BE A STREET A	DDRESS)
	, , ,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member

Page 3 of 3

Filing Fee: \$25.00