A12000000169

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	





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Marger 12-22-14

COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	Name of Surviving Party	
The end	enclosed Certificate of Merger and fee(s) are submitted for filing.	
Please 1	se return all correspondence concerning this matter to:	
	EMMANUEL CEYTE Contact Person	
	DE FACTO CAPITAL LLC Firm/Company	
	4220 G-RANADA BOULEVARD Address	
CORAL GABLES, FL 33146 City, State and Zip Code		
€ -r	Coral GABLES, FL 33146 City, State and Zip Code ecceyte@ defactocapital. com E-mail address: (to be used for future annual report notification)	
For fur	further information concerning this matter, please call:	
EM	MANUEL CEYTE at (786) 230 — (Name of Contact Person) (Area Code and Daytime Tele	ephone Number)
√ Cei	Certified copy (optional) \$52.50	
Amend Division Clifton 2661 E	REET ADDRESS: endment Section ision of Corporations iton Building 1 Executive Center Circle ahassee, FL 32301 MAILING ADDRES Amendment Section Division of Corporation P. O. Box 6327 Tallahassee, FL 3231	ons



The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	<u>Jurisdiction</u>	Form/Entity Type	_
DE PACTO COLUMBUS LP	<u> </u>	LP	(A12000000168)
DE FACTO OPPORTUNITAS LP	FL	LP (A12 000000169).
			
SECOND: The exact name, form/entity ty as follows:	pe, and jurisdiction of	the <u>surviving</u> party a	ire
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type	6
DE FACTO OPPORTUNITAS LP	<u> </u>	LP	-A12000000169

THIRD: The date the merger is effective under the governing laws of the

surviving party is: FRIDAY, DEC. 19th 2014 (on FILING DATE)

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address:	4220 GRANADA COULEVARD
	CORAL GABLES, FL 33146
Mailing address:	4220 GRANADA BOULEVARD
	CORAL GABLES, FL 33146

SIXTH: Other provisions, if any, relating to the merger:

SEVENTH:	Signature(s)	for Each	Party
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(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:	
DE FACTO OPPORTUNITAS LO		EMMANUEL C	EYTE*
DE FACTO COLUNGUS LP	2	EMMANUEL CE	EYTE*
			-
			- -
			-
* HERM of DE FACTO CA	PITAL LLC, GP	of DE FACTO	OPPORTUNITAS LA
Fees: Filing Fees: \$52.50 Per : Certified Copy: \$52.50 (Oprocertificate of Status: \$8.75 (Oprocertificate of Status)	tional)	of DE PACTO	COLUMBUS LP